

**Book Reviews**

Olaf Briese, *Angst in den Zeiten der Cholera*; vol. 1, *Über kulturelle Ursprünge des Bakteriums*; vol. 2, *Panik-Kurve. Berlins Cholerajahr 1831/32*; vol. 3, *Auf Leben und Tod. Briefwelt als Gegenwelt*; vol. 4, *Das schlechte Gedicht. Strategien literarischer Immunisierung*, Berlin, Akademien-Verlag, 2003, pp. 1341 (total), €74.80 (hardback 3-05-003779-2).

The title of Olaf Briese’s extraordinary, vast, and many-faceted *Habilitationsschrift* is derived from Gabriel García Márquez’s novel *Love in the time of cholera*. This is not the first time this has been done. Briese has missed my own appropriation of García Márquez’s phrase in my article ‘Angst in den Zeiten der Cholera’, published in issue 94 of the German periodical *Kursbuch* in 1988. In that article, I gave a résumé of popular reactions to cholera in nineteenth-century Germany, ranging from flight to prayer, self-isolation to changes in personal behaviour patterns.

Briese’s very different approach reflects in large measure the shift from social to cultural history that has taken place in the intervening fifteen years. He is not interested so much in social reactions to the disease, as in its linguistic and cultural mediation, which he studies kaleidoscopically, from a whole variety of different perspectives. The result is a rich, if somewhat leisurely and discursive study that—unlike so many other recent accounts of cholera in one country or another, one region or one town or another, which merely repeat the standard history of presentiment, transmission and impact, narrate the story of state action or inaction and popular reaction, tot up the death-toll and subject it to social analysis, and recount the impact, or lack of impact, of the cholera epidemic on sanitary policy, housing, social reform and political change—makes a conceptually novel contribution to the study of cholera’s history, and has a great deal to say that can be taken up with profit by students of other diseases, other times, and other places.

The first volume, ‘On the Cultural Origins of the Bacterium’, amounting to some 450 pages of text, concentrates on the well-worn topic of the dispute between miasmatists and contagionists over the aetiology and mode of transmission of Asiatic cholera in nineteenth-century Germany. The enormous variety of medical theories in this dispute could not conceal the fact that in the end, writers, physicians, practical politicians and civil servants had to commit themselves to one side or the other when it came to deciding how the disease should actually be prevented. As Briese shows in considerable detail, these decisions were conditioned by a whole range of positions that people took on other issues.

Cholera raised crucial issues of social order, from the threat posed by the lower classes in an age of revolution to the competition for power and influence between the élites at a time of professionalization and economic growth. Medical science failed to prevent the initial spread of cholera to Western Europe in the early 1830s or even to agree on how it was transmitted. The idea of contagion as the principal means of infection was discredited in the eyes of many by the initial failure of *cordons sanitaires* and quarantines to prevent the disease’s continuing westward march. Complex and in part highly traditional attitudes to the elements of nature came into play amidst arguments over whether the disease could be spread by air or water, what the role of pollution of the earth was in all this, and whether the disease could be banished by lighting bonfires or letting off explosives. Briese explores the metaphorical and cultural resonances of many of these arguments in all their ramifications, but his comprehensive trawling of the published and archival sources leads to the conclusion that after the early 1830s, miasmatism in all its varieties held sway over the medical profession, while contagionism remained the preferred if unproven assumption on which the actions of police, army and state authorities in most of the German states continued to rest. If medicine insisted on the
natural causes of disease, administration emphasized its social and human origins. Liberals and conservatives battled for supremacy as they drew out the implications of these doctrines for state action and individual freedom. Disputes amongst the medical men threatened to play into the hands of civil and military administrators, who saw in quarantines and other authoritarian interventions in everyday life the most obvious and practical means of stopping the disease.

So the dispute continued for much of the nineteenth century. What changed the situation, Briese argues, was the synthesis of the two doctrines achieved by Robert Koch in the 1880s. Koch showed on the one hand how the disease was spread by natural means including water, but on the other hand he also demonstrated that it was a social phenomenon, with some classes of people suffering its impact, and some kinds of human behaviour favouring its transmission, more than others. The bacterium could be identified as an enemy whose combating called forth from Koch and his allies a whole range of martial metaphors. An unseen threat, a hidden hand, a luminous object, a potent and invisible agent of decomposition and destruction, it became a social and cultural metaphor of unprecedented power, soon to be applied with terrible effect by racial extremists such as the Nazis to minorities such as the Jews.

Briese’s wandering and discursive style, and his determination to explore every byway of his topic, from the cultural significance of women’s hair to the reasons why some people were suspicious of microscopes, makes this volume sometimes rather difficult to follow, but my impression at least is that he overestimates the influence of military and administrative approaches to the disease when he claims that it was continually increasing from the 1830s onwards. The 1860s and 1870s, at the apogee of liberal politics in nineteenth-century Germany, saw these approaches relegated to the sidelines, though far from banished altogether. Moreover, as Briese in places seems to admit, Koch’s triumph was not achieved simply or perhaps even primarily because he achieved a practical and theoretical synthesis of the natural and social understandings of cholera, but more because he had already become, through other discoveries, the champion of German scientific and medical nationalism in its competition for the prestige of discovery with the French, represented by Pasteur. Nevertheless, Briese’s arguments are never less than interesting, and frequently cause one to think again on issues that had long seemed to have been settled in the historiography of this subject, no mean achievement.

Briese’s second volume, also around 400 pages long, is entitled ‘Panic-Curve: Berlin’s Cholera Year 1831/32’. This is a collection of a large number of documents and extracts from contemporary publications relating to the first arrival and subsequent progress of the epidemic in the Prussian capital. Volume three, a little shorter at 328 pages, reprints extracts from letters relating to the same epidemic, under the title, roughly translated, ‘A Matter of Life and Death: Correspondence as Counter-world’. Letter-writers both familiar and unknown are revealed trying to cope with their fear of the disease, and a variety of attitudes can be observed in the letters of figures as varied as Goethe, Rahel Varnhagen, Schelling, Felix Mendelssohn-Bartholdy, Heinrich Heine, Ernst Moritz Arndt and many others, all helpfully and illuminatingly printed in chronological order; some letters of cholera victims even appear, which is particularly interesting, though by the nature of the disease there are not very many of these, and we do not discover the views on cholera of the epidemic’s most famous victims, the philosopher Hegel and the military theorist Clausewitz, except indirectly, through the letters of their relations.

The final volume, a mere 169 pages long, is entitled ‘The Bad Poem. Strategies of Literary Immunization’ and prints a hundred mostly truly awful pieces of doggerel on cholera from the same period, the early 1830s. This is much the most fun part of the book to read, and could form a useful basis for an extended literary analysis; it is a pity Briese himself did not undertake it, but after over a thousand pages of the book already, it would probably have been asking too much. In his introduction to this
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volume, Briese merely contents himself with justifying his selection. “How can one decide which poems are bad ones, to be included in the collection, and which are good, to be excluded?”—he asks. There is no decision to take, is his conclusion: “poems about cholera from that era are bad in principle”, even those few written by poets who produced better work elsewhere.

A huge, sprawling work like this, consisting of 450 pages of text and 900 pages of documents, is a testimony to Germany’s subsidized academic publishing industry, splendidly printed and bound by the Akademie-Verlag, and selling at a price that is far from unreasonable given its enormous size and strictly academic appeal. But I wonder whether the disciplines of commercial book publishing might not have been beneficial in this instance at least. Useful though they are as quarries for future researchers and literary analysts, the second, third and fourth volumes do not really add very much to the first, and the rambling and discursive account in the first volume, fascinating though it often is, contains a great deal of information and analysis that is not really central to the main argument. Nevertheless, the whole ensemble is an undeniable achievement, and Briese’s approach succeeds in contributing something genuinely new to a subject where it had long seemed there was nothing very new to be said.

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James C Riley, Rising life expectancy: a global history, Cambridge University Press, 2001, pp. xii, 243, £30.00, US$49.95 (0-521-80245-8), £11.95, US$16.95 (paperback 0-521-00281-8).

Human mortality decline has resulted in massive improvements to life chances in all parts of the globe. In the two centuries preceding the end of the second millennium, average life expectancy more than doubled, from below thirty years in 1800 to nearly sixty-seven years in 2000. Further increases are anticipated. The essence of this highly readable book is to lay down the probable reasons for this remarkable transformation. As such, James Riley demarcates six broad areas for the reader’s consideration: public health; medicine; wealth, income and economic development; nutrition and diet; household and individual behaviour; and literacy and education. The lucidity and clarity that Riley has brought to bear on a topic—namely the routes to low mortality—that continues to excite intense debate in both historical and medical literatures, is commendable. The footnotes and guides to further reading that appear at the end of each chapter are pleasingly eclectic. It is perhaps unavoidable, however, that writing a history of synthesis sometimes involves summarizing complex issues in an overly simplistic way. On the one hand, the section on the ambiguous and still-contentious role of maternal education in child survival is frustratingly brief. On the other, the influence of germ theory in public health intervention, in the development of biomedicine, and on individual behaviours is dissipated sketchily through as many as four separate chapters of the book. The demands of brevity can, of course, work favourably in the hands of a capable author, since crucial points need to be more tellingly made. The pithy observations that Riley makes at the end of each chapter testify to his talent in this respect and underline that in absolutely no way should the criticisms outlined above prevent the book from becoming a standard introductory text in undergraduate history courses concerned with the evolution of human health.

It is also probable that Riley’s contribution will find for itself a profitable market in the field of global history. One of the book’s strengths is the way in which it pays far more than lip service to international comparisons. Riley’s thematic organization enables him to make some prescient contrasts, such as the divergent ways in which enteric ailments were largely brought under control in industrializing Britain in the nineteenth century and in Costa Rica and China during the later twentieth. Readers in some parts of the developing world may be struck by the close comparison of overcrowded domestic conditions in slum dwellings in Nigeria and India in the
present and the very recent past, with those in nineteenth-century Europe. Such wide-ranging examples, both in terms of time period and geographic location, are commonplace throughout the book. They lead to Riley’s main conclusion that no one nation’s—or even sub-national region’s—experience of improving life expectancy was or is replicated in another. National routes to low mortality inevitably vary due to choices made from the suite of six “tactics” (Riley’s word, p. 56) available in relation to public health intervention, medical care and the emphases placed on wealth generation, education, nutrition and behaviours. But is an international comparative framework enough to make Rising life expectancy a truly global history? If Riley’s panoptic use of evidential material were the criterion, then for those of us who scratch around in the dark warrens of local and micro-histories, his approach is a refreshing and necessary counterpoint. But this should not be the sole basis for judgement.

A more fundamental question would be to ask whether an account of improving global life expectancy that places the “health transition” at its intellectual core is any more or less satisfying as a world-view than demographic and epidemiologic transition theories, both of which are deeply Euro- and North American-centric in their basic assumptions and empirical grounding. As Riley explains, “the key factor in the health transition is not disease but the actions that diminish it, reducing mortality or morbidity. Those can be divided into four categories: avoidance, prevention, treatment, and management” (p. 26). Obvious though the advantages may seem that this definition holds over epidemiologic transition theory, the idea of health transition is fairly recent, achieving widespread acknowledgement only in the mid-1990s. But from a global historical perspective, surely it remains problematic as a unifying schema. At the risk of applying a different gloss on the “global” to that which Riley intended, two observations make this point. First, he notes that the gap in life expectancy between rich and poor countries has been shrinking, largely due to mortality reductions in countries that “came late to the health transition” (p. 40). “Late” compared to which countries, in what time period, and when? Second, in the chapter on the role of medicine, Riley sees the need to distinguish practices of traditional and modern healing from one another (p. 89). “Traditional” and “modern” for whom, when? And who decides what is “traditional” and what is “modern” anyway?

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William H Hubbard, Karl Pitkänen, Jürgen Schluembohm, Sølvi Sogn, Gunnar Thorvaldsen, and Frans van Poppel, Historical studies in mortality decline, II. Hist.-Filos. Klasser Skrifter og avhandlinger Nr.3. Oslo, Novus Forlag in association with the Centre for Advanced Study, at the Norwegian Academy of Science and Letters, 2002, pp. 134, €22.70, Kr 182.00 (paperback ISBN 82-7099-360-3, ISSN 1502-9727).

This volume, which is published in faultlessly clear English, comes from a research group within the Centre for Advanced Study at the Norwegian Academy of Science and Letters. Its subject is the mortality decline—that is “the secular decline in mortality without an immediate significant fall in the birth rates”—between 1780 and 1920. If 1780 sounds surprisingly early it is because Norway had the lowest rate of infant mortality in Europe, and was one of the earliest countries for the onset of the mortality decline.

There are six chapters: three from Norway, one from Finland, one from Germany and one from the Netherlands. It is the fate of most multi-authorship books to consist of good chapters and some which are conspicuously weak. This is an exception. All six chapters are winners. All are clearly written. All consist of original contributions to our understanding of the nature and the determinants of the mortality decline and the value of international and inter-regional comparison.
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Pitkänen (from Finland) compares the mortality decline in Norway, Finland, Denmark, Sweden and France showing the many revealing differences. The history of infant mortality (to my mind a fiendishly difficult subject) is the central theme of many chapters. Thorvaldsen (from Norway) writes about rural infant mortality in nineteenth-century Norway and shows the wide differences in the infant mortality rate (IMR) between countries. In the nineteenth century Norway had the lowest rate, followed by Sweden, Denmark, Finland, Austria and Württemberg, in that order, but the differences had narrowed by the end of the nineteenth century. Hubbard (Norway) examines mortality in Norwegian towns, and the extent to which low mortality in Norway was linked to the low level of urbanization (in 1855 less than 14 per cent of the population of Norway lived in towns compared with 50 per cent in England and Wales). If you lived in a Norwegian town in the early or mid nineteenth century you were much more likely to die as an infant or young adult, than if you lived in the country. Sogner (from Norway) has written a case study of this “rural advantage” in infant mortality based on the records of a vast but sparsely populated parish in Eastern Norway named Renalden. In general, however, the rural advantage (or urban penalty) had all but disappeared by the end of the nineteenth century. Schlumbohm (from Germany) is one author who avoids infant mortality. Instead he contributes a brilliant chapter on whether the medicalization of childbirth led to a reduction in maternal mortality, underlining the dreadful results of the lying-in (maternity) hospitals before the end of the nineteenth century and asking why, when there was so much evidence that mortality in these hospitals was horrendous, they were allowed to exist.

All the chapters provide detailed statistical information and most discuss the factors which determined levels of mortality at different times and in different countries and regions. It may be my personal passion for maps, but the final chapter by van Poppel, based on mapping changes in infant mortality in the Netherlands, really caught my attention. He has taken three periods—1841–1860 1895–1903 and 1934–1939—and for each period he has calculated the IMR for each of the hundreds of different municipalities, grading them into five levels from the lowest to the highest. On the maps, the municipalities with the highest rates stand out as jet black, the lowest as faintly dotted white, and the intermediate three as increasingly dark cross-hatching. As the national level of infant mortality fell between 1840 and 1939, you can see how the darkest areas in each period, that is the worst areas, moved from being concentrated in the west around Rotterdam and Utrecht towards the centre of the country, and finally down to the southern and eastern regions. It is an outstandingly vivid presentation which you can visualize if you imagine three daily weather maps showing the passage of a band of heavy localized showers driven across the Netherlands by a north-west wind. The reasons for this migration of infant mortality are discussed in detail. As the author says, mapping shows that “even in a small, homogenous country like the Netherlands, large differences in the levels of infant mortality can be found between regions. This has implications for the study of mortality and for the study of social history in general”.

It is my impression that historical demography and historical epidemiology (nearly but not quite the same) constitute one of the fastest growing areas in the history of medicine. To a large extent this can be attributed to computers and the internet and it is easy to forget how recent that is. Until about twenty years ago, as far as I am aware, no medical historian owned a computer (I think the first appeared around 1982–83). Without computerization I would guess that much of the phenomenal amount of work underlying most of the chapters (especially van Poppel’s) would have been so difficult, so time-consuming, that it would have seemed impossible. Now, historical demography, which tended at first to be parochial, is expanding fast in the direction of international comparisons.

I have not been able to do full justice to this collection of essays because they are so densely
packed and argued. Although it is immensely rewarding, the book is not light reading. I realize that historical demography is not every historian’s choice, but provided you are not allergic to tables, graphs and statistics, this is a fascinating indicator of the way that historical demography is progressing.

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Paul Hackett, “A very remarkable sickness”: epidemics in the Petit Nord, 1670–1846, Manitoba Studies in Native History 14, Winnipeg, University of Manitoba Press, 2002, pp. xvii, 315, Can$55.00 (hardback 0-88755-174-2), Can$24.95 (paperback 0-88755-659-0).

In “A very remarkable sickness”: epidemics in the Petit Nord, 1670–1846, Paul Hackett broadens our understanding of the diffusion of disease in the fur trade era in the Canadian Northwest known as the Petit Nord (south of Hudson Bay and north of Lake Superior, west to Lake Winnipeg). Hackett argues that epidemic disease spread into the region primarily through Aboriginal contacts. The study proceeds chronologically from 1670 through to a rather arbitrary end date of 1846; a structure that reflects the nature of his sources, Hudson’s Bay Company records, rather than any regional patterns. Hackett also makes clear that the impact of disease was not uniform across the region. At times some groups were severely affected while others escaped completely. His use of a continental perspective is especially helpful as he documents the steady loss of isolation of the region is pulled into the larger disease pools to the east, south and eventually to the west at Red River. Hackett’s work is an important contribution to a field that is often based more on conjecture and supposition than on specific regional analysis.

Hackett shows that epidemic disease probably did not arrive in the Petit Nord until the first decades of the eighteenth century, despite the presence of Hudson’s Bay Company (HBC) traders in the region. The length of the voyage from London to Hudson Bay and the small crews mitigated against the transmission of what Hackett variously calls Old World diseases, crowd diseases, or epidemics. It was instead the westward expansion of Montreal-based traders in their relatively swift trade canoes that eventually brought epidemic smallpox to the Petit Nord. This was the “very remarkable sickness” mentioned in the title. It was considered remarkable because of the general good health enjoyed by the Aboriginal people up to that time. In the last half of the century mention of epidemics, mostly respiratory diseases, increased in the region but, as Hackett admits, this may simply reflect better record keeping by the HBC. Smallpox broke out again in 1779–1783, this time spread from the south at Mexico City. In the late eighteenth and early nineteenth centuries the fur trade itself changed as competition between the HBC and Montreal-based traders led to a rush of post-building in the region. At the same time new disease pools emerged to the south as settlers and traders moved into the upper Missouri River region, and to the west at Red River. This increasing loss of isolation had predictable results for the Aboriginal people—increasing frequency of illness and the emergence of new diseases acting in concert such as whooping cough and measles.

Hackett argues that the period from 1821 to 1845 saw an epidemiological transition in the region as canal building in eastern North America and the introduction of steam technology brought families and their diseases more quickly to the margins of Petit Nord. Especially important was the increasing number of immigrant children to the south and west who brought childhood diseases such as mumps and chickenpox. The deadly transition was marked by repeated, often annual, epidemics. No longer would the people of Petit Nord have decades or even years to recover from epidemic disease. Compound epidemics of influenza, whooping cough, and scarlet fever also began to appear. But here Hackett makes two important points. First, even in this period of increased disease load, within the region disease continued to be carried from community to community by Aboriginal contacts. Second, within the region disease diffusion continued to
be variable. Some groups remained isolated and therefore relatively healthy because of limited contact with these Aboriginal contacts. Hackett suggests that contact was limited by geography and by fear of warfare. One wonders if contact was not in fact limited by a fear of disease! But there is little human agency in this study of epidemics.

Hackett’s study is influenced by American anthropologist Henry Dobyns’ *Their number become thinned*, although Hackett does not engage some of Dobyns’ more controversial conclusions regarding the size of pre-contact (1492) populations in the Americas. Dobyns argues that the spread of epidemic disease in the Americas was often through Aboriginal contacts, thereby outstripping the direct influence of Europeans themselves. Thus, according to Dobyns, historic Aboriginal populations that were eventually encountered by those who kept records had already suffered considerable population loss. They were mere vestiges of once larger groups, leading Dobyns to increase significantly estimates of pre-contact populations in the Americas. Indeed, Hackett rarely comments on population changes in his study, which seems rather remarkable considering the thrust of his argument is that there were continued and increasingly deadly epidemics throughout the period. Perhaps wisely, Hackett refuses to extrapolate (as Dobyns and others have done) from scanty and unreliable records. But the reader is left to wonder as to the impact of these diseases on the people he purports to study.

Aboriginal people are silent victims in Hackett’s study. In the last chapter ‘The epidemics of 1846’ Hackett attempts some analysis of the impact of disease on Aboriginal people. He suggests that those who turned to the fur trade posts for comfort and medicine had a chance of recovering from their condition; those who relied on Aboriginal medicine did not. Hackett bases this conclusion on one report of one Hudson’s Bay Company trader (pp. 232–3). That Hackett accepts this conclusion at face value without analysing its self-serving nature is characteristic of the whole study. This is a study of disease, not of its victims. Moreover, it skews the history of Aboriginal people. They are denied the human agency to respond to their condition; their fate is sealed by larger forces. Hackett’s study perpetuates colonial images of Aboriginal people as doomed and dying. Constructions of Aboriginal people as fundamentally unwell and unable to withstand the rigours of change provided incoming colonial governments with the justification to deny them their lands and livelihoods. Today Canadian Aboriginal people continue to struggle to reclaim their lands, their resources and their own history.

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Nikolai Krementsov, *The cure: a story of cancer and politics from the annals of the cold war*, University of Chicago Press, 2002, pp. xvi, 261, illus., £16.50, US$26.00 (hardback 0-226-45284-0).

Part political thriller, part love story, Krementsov’s account of a failed and now little remembered cancer therapy is a gripping read. The popular and accessible style of *The cure* and its considerable meditations on the romantic lives and attractions between the tale’s chief protagonists, Russian scientists Nina Kliueva and Grigorii Roskin, certainly give the book an appeal beyond an historical audience; none the less, this is good history of medicine. *The cure* offers a solidly-researched, well-written account of the relationship of medicine and disease to wider social and political events and networks. It is, moreover, a particularly welcome addition to the literature on the history of cancer research and therapy, and more generally to the history of laboratory-based clinical research and its relationship to clinical practice.

Accounts of how post-Second World War and Cold War politics affected the development of experimental biology and experimental medicine in the US are quite numerous, but few consider the USSR in any depth. Work on Soviet science has, furthermore, tended to focus on the politics surrounding Sputnik or Lysenkoism; as such the world of Soviet
microbiology and medical research cultures described in the pages of *The cure* is all the more interesting as most know so little of it. The co-constructed nature of science and culture is all too seldom discussed with such texture and nuance. Through his analysis of the lives and work of Kliueva and Roskin, Krementsov weaves the international and national politics of the Cold War with the local politics of a newly established medical research institute and relates all to a wider, somewhat combative, medical research scene. His account of the rise and fall of the pair under Joseph Stalin, followed by their subsequent rise to grace under Nikita Khrushchev, speaks starkly of the ways in which work deemed politically important was brought into the centre of political life in the USSR, and, as such, suffered terribly through the vacillations of policy and the whims of its leaders.

As part of the history of cancer research *The cure* works well too. Although analysis of failed innovation has for several years found a place within the history of medicine, most accounts deal in description and analysis of success and therapeutic transformation; but the history of cancer research is positively littered with failed innovation and unrealized breakthroughs, few of which have been documented by historians. The volume of medical and scientific work on cancer in the post-war era is staggering, so historians wishing to discuss this period would do well to overcome their squeamishness surrounding failure, and begin to find meaningful ways to discuss the nature and characteristics of work in a field where significant breakthroughs held the promise of almost incredible adulation and success (especially given the reputation of cancer as a scourge of the civilized world) but which were, due to the terrible intractability of the illness, very unlikely to be realized.

For Krementsov, however, the excitement and frustrations of cancer research merely reflect the bitter-sweet realities of scientific practice and our perceptions of it: “We tend to focus on successes, but spectacular success is a rare event in science. A much larger portion of scientific research never makes it into the public arena, and each rare success is based on—and impossible without—many hundreds of routine experiments and trials that go unnoticed by the public and are often regarded as failures. Yet in a way, the story of these ‘failures’ is often more realistic and ennobling than the rare triumphal tale.”

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**Jacqueline Jenkinson,** *Scotland’s health 1919–1948*, Studies in the History of Medicine, vol. 2, Oxford and Bern, Peter Lang, 2002, pp. 506, £42.00, €64.60 US$60.95 (paperback 3-906768-34-1)

The story of the evolution of state medical services in Britain in the years between the world wars has been made familiar by the work of a number of historians. However, what is best known is the action as it took place “centre stage”. The attention of historians has been drawn almost exclusively to the evolution of the new services as they were introduced for the large and relatively healthy (according to the Prime Minister, Stanley Baldwin) population of England and Wales and to the creation of a central health bureaucracy in the Ministry of Health in London. North of the border the action was different and, although it has escaped the limelight, it brought exceptional experience that was to have its influence on the later development of services in the United Kingdom.

Scotland’s relatively small population presented with particular intensity the problems that the new British state services were intended to meet. The great majority of the Scottish people, the industrial population concentrated in the country’s central belt, suffered more severely than any other section of Britain’s population from the health consequences of urban poverty. In sharp contrast, a second population, with excellent standards of health but cash poor, scattered widely over the vast and difficult geographical area of the Highlands and Islands, lived remote from existing and potential providers of medical services. To serve these disparate sets of problems an autonomous
Scottish health bureaucracy was set up in Edinburgh with powers to take its own independent initiatives (for example, Highlands and Islands Medical Service; Clyde Basin Scheme).

In this diligently researched study the author sets out to discover how far this autonomous bureaucracy was successfully maintained “distinct from the Ministry of Health” and to evaluate how effectively it met the “unique” difficulties in providing adequate health care in Scotland. The author has drawn extensively from many sources, chiefly central and local government records, government and other published reports, and from the archives of the Scottish Royal Medical Colleges. A great mass of very relevant information is set out in over 450 pages of dense and rather difficult text. There are no factual errors of significance but there are several statements that are at least open to dispute. That “the promotion of health rather than the treatment of disease became a policy option only after World War Two” fails to notice that in the policy put forward in the Report of the Committee on Scottish Health Services (Cathcart Committee) in 1936 prime place was given to the promotion of health. Was the Beveridge Report really “simply the culmination of a series of enquiries into the inter-war health services”? However, the main difficulty is that the text is sadly jumbled. Statements are made but not explained until some pages later. Information on diverse matters that all happen to have been found in the minutes of the same meeting is often crowded in a single paragraph or even in a single sentence.

Nevertheless, the book provides a very full account of the autonomous health bureaucracy in Scotland during this period and a measure of its performance as judged by the achievements in infant and child welfare, school health, the treatment of tuberculosis and in the health of the insured population. (Hospitals, sanitation and housing are not included in the assessment.) At the end the author provides a summary of her findings rather than clearly articulated answers to the questions that she had set for herself. However, the summary does indicate that the autonomous health bureaucracy in Scotland was successfully maintained “distinct from the Ministry of Health” in these years and that it did respond well to Scotland’s “unique” health problems. This reflects well on the overall performance of that bureaucracy, since it was the services on which this study is principally based—those provided through the agency of the local authorities—that were judged to have performed least well in the review of all Scotland’s health services by the Cathcart Committee in 1936.

Jenkins has not yet provided the definitive history of health care in Scotland between the world wars but her work will prove an invaluable source for those who follow.

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John Mohan, Planning, markets and hospitals, London and New York, Routledge, 2002, pp. xii, 275, £19.99 (paperback 0-415-19607-8).

Recent debates about the creation of “foundation” hospitals and the nature of the public–private split in health care have once more drawn attention to questions of “efficiency”, finance, and the appropriate role for voluntary, commercial and charitable care in the National Health Service. Mohan’s detailed, and at times dense, study of planning and markets in the provision of hospital services in the twentieth century demonstrates how these questions have a long history. Unashamedly focusing on acute hospital services and physical construction, Planning, markets and hospitals tackles the strengths and weaknesses of different forms of planning and coordination of hospital development from the mixed economy of care of the interwar period to the 1991 NHS reforms and controversial moves to implement the Private Finance Initiation (PFI). Like many recent studies of hospital development, it avoids what is seen as the distortion of London in favour of an overview that blends national archival material with a meticulous reading of regional sources. Although it is impossible to escape the problems facing London’s hospitals in
the post-Tomlinson era, debates that are handled with sensitivity by Mohan, he effectively uses material from Newcastle and Durham to examine questions about access and provision in a regional context to explore the impact of national policy and shifts in planning. By looking at this range of sources, an effective balance of national and regional perspectives is achieved.

In Mohan’s account, the creation of the NHS and the 1962 Hospital Plan are important markers in debates about the planning and organization of hospital provision, with the book pivoting around the latter. The chapters that cover the period before the 1962 Hospital Plan complement the existing historiography, adding further depth. However, where they explore the strengths and weaknesses of the mixed economy of care, wartime debates and the criteria used for the allocation of capital resources in the 1950s, they do not fully examine the inadequacies of the pre-war system. The chapters on the formulation of the 1962 Hospital Plan and the post-1962 period set out a richer, more nuanced assessment. It is here that the strength of Planning, markets and hospitals lies. These chapters explore and contextualize the frustrations of planning, the notion of the district general hospital, and the gradual loss of faith in planning. They chart the uncertain progress of hospital development and the growth of the private medical sector, assessing the re-emergence of pro-competitive solutions to hospital development as exemplified by the 1991 NHS reforms and attempts to establish an internal market. By concentrating on planning, Mohan avoids a labyrinthine discussion of the periodic bouts of NHS reforms, but at the same time offers a narrative of hospital provision. His account is one that puts forward an optimistic view of development from the chaotic mixed economy of care of the interwar period to a more ordered system under the NHS, albeit one shaped by regional concerns and inequalities. The poor infrastructure inherited by the NHS is highlighted and Mohan asserts how the policies adopted after 1948 brought an extension of hospital care despite the absence of a capital programme in the 1950s and the policies of rationalization and bed closures that quickened from the 1980s onwards.

In looking at the evolution of hospital services and planning, three important themes are addressed: the boundary between public and private provision, debates about the appropriate scale of organization, and arguments about how to govern local services. At the same time, Mohan questions easy generalizations about planning and the extent to which the “markets-hierarchies-networks” periodization is valid, emphasizing continuity. The ongoing tensions between financial resources, planning and the delivery of services are explored, shedding light on the economics of hospital provision in the second half of the twentieth century. Limited resources initially restricted the ability to plan, and when planning was harnessed to ideas of economic management in the 1960s confidence was expressed in the benefits of planning but implementation remained problematic. As Mohan effectively demonstrates, national policies were consistently modified at a local level where they were influenced by a range of factors that merged sentimental attachment to existing institutions and inequalities of care with financial resources and political concerns.

Despite the wealth of material, there are areas that Mohan does not examine. Although the section on PFI does include material on staffing and clinical services, a concentration on physical construction does mean that little is said about the planning (and rationalization) of staff or treatments. In a period that saw considerable reforms in nursing, medical education and community care, the book would have benefited from more than passing reference to them. In addition, the focus on Newcastle and Durham ensures that the regional perspective is biased in favour of the north of England. Little is said about Scotland or Wales. Nor are Mohan’s efforts to reintegrate geography and social policy into the historical account always achieved despite the ambitions of the introductory chapter. These comments aside, Mohan has produced a rich and compelling analysis that raises important questions about the political and organizational contexts of hospital development since the interwar
period and their relation to planning and the economics of hospital care.

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**David Charles Sloane** and **Beverlie Conant Sloane**, *Medicine moves to the mall*, Center Books on Space, Place and Time, Baltimore and London, Johns Hopkins University Press, 2003, pp. xiii, 198, illus., £29.50 (hardback 0-8018-7064-X).

The American healthcare system is at a crossroads. With 41 million persons lacking comprehensive health insurance, and with hundreds of small rural, mid-size, and large urban hospitals teetering on the brink of insolvency, it is indeed an opportune moment to examine the function of architecture for health within its broader cultural contexts. This book, co-authored by David Charles Sloane and Beverlie Conant Sloane, writers based in Los Angeles, centres on the historical evolution and functions of healthcare institutions in the everyday American landscape. Their core thesis centres on the shopping mall’s emergence as an economically and socially viable precursor, as well as alternative. The mall is examined as a precursor within the post Second World War automobile culture that enveloped America and that continues unchecked to this day. Mall settings provide an alternative, serving stringent economic and access to care requirements of the provider in ways that no longer can be fully met by traditional, highly centralized medical centre-based hospitals. Hospitals which have reinvented themselves in this manner are discussed at some length, notably the Dartmouth-Hitchcock Medical Center in New Hampshire.

It is argued that due to its success as a type, it was natural to relocate services from what the late Roselyn Lindheim termed inflexible “pill hill” medical centre aggregations to smaller, far more flexible outpatient care settings. The focus on place—the relationship between the care recipient and the places where care is dispensed—is the book’s key original contribution. This alone sets it apart from other recent books on the subject of twentieth-century transformations in the American healthcare landscape. This focus on geographic proximity between home, workplace, and care setting is admirably amplified throughout the book’s prologue, titled ‘The evolving architecture of healthcare’, and its three major chapters: ‘The medical workshop’, ‘Humanizing the hospital’, and ‘Shopping for healthcare’. Three photo “galleries” are sandwiched between these chapters: ‘Machine medicine’, ‘Mall medicine’, and ‘Mini-mall medicine’.

The book begins with an informative historical account of the rise of the American hospital as an institution and as a building type, from its nineteenth-century auspicious origins. These institutions were often housed in large manor residences in cities, in stark contrast to the sprawling, monotonous, technology-obsessed contemporary medical centres of today. Many of the accompanying photographs will be of particular interest both to the architectural historian and to the general reader.

The authors come out on the side of the mini mall, extolling its supposed “virtues”. These include their convenience, not unlike a short jaunt to one’s neighborhood convenience store, closeness to home, and their clear, concise internal wayfinding attributes. These latter qualities contrast with the labyrinth of corridors encountered on the typical medical centre campus and are viewed as essential to the mini mall clinic’s success; otherwise people will not come back to “shop” for healthcare, regardless of whether desirable non-health care amenities are close by. A question arises. Does not the quality of services diminish when the strip mall clinic comes to be perceived as little different from the payless shoe store next door? This is acknowledged by the authors as the Achilles heel of the strip mall clinic.

In the second half, the significant share of the discussion is devoted to the ongoing tug of war between advocates of New Urbanism smart growth policies, and advocates (many of which are healthcare institutions, for better or worse) of unbridled suburban roadside sprawl. These opposing positions are not-so-subliminally
underscored in the illustrations contained in the third photo gallery. Unfortunately, these are mostly of banal, formless buildings, bearing very little intrinsic architectural merit. This is precisely where the authors’ de-emphasis on architectural design per se comes back to haunt them, for the buildings shown are architecturally uninspiring, and, ultimately, somewhat undermine the core thesis. This facet of their argument would have been greatly fortified had genuinely clever, architecturally innovative clinics been included. They are not impossible to find (particularly outside the US) if one looks hard enough.

Regardless, in sum, this book fills an important void with respect to our understanding of recent developments in the milieu of the American everyday suburban healthcare landscape, and helps the reader understand how the current hub (mothership hospital) and spoke (spatially dispersed network of outpatient clinics) system became ubiquitous. Above all else, this book holds the potential to fuel much-needed further research and debate.

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Deborah Hayden, *Pox: genius, madness, and the mystery of syphilis*, New York, Basic Books, 2003, pp. xx, 379, illus., £20.00, US$27.50 (hardback 0-465-02881-0).

In her pathography, Deborah Hayden, an independent American scholar, proposes an intriguing thesis, that syphilis, a disease known as the “Great Imitator” of diseases and thus frequently misdiagnosed, is a secret, unacknowledged subtext in history. Employing retrospective diagnosis, Hayden suggests that many prominent nineteenth- and twentieth-century historical figures suffered from syphilis. She then suggests that this disease might have accentuated existing abilities, talents or predilections, and so might help to explain the productions or actions of a number of composers, writers, artists, philosophers, politicians and dictators.

Beginning with an overview of the impact of the disease on Western Europe from the period of Columbus’ adventures in the New World, the discussion centres on biographical analyses of fifteen possible syphilitics: famous, or infamous, nineteenth- and twentieth-century figures. According to Hayden, among the possible contenders are Ludwig van Beethoven, Robert Schumann, Charles Baudelaire, Abraham Lincoln and his wife Mary Todd (one of only two women discussed in the book), Gustave Flaubert, Friedrich Nietzsche, Vincent van Gogh, Oscar Wilde, James Joyce and Adolf Hitler.

Hayden draws the parallel between the effects on the brain of the later stages of syphilis and the condition of manic-depression, which has been linked in some quarters with artistic creativity. In doing so, Hayden displays an engaging writing style and a flair for rendering complex symptoms intelligible to the lay (non-medical) reader. She explains that as late-stage neurosyphilis develops, periods of depression and pain can be replaced with episodes of creative euphoria and heightened perception, which, she insists, must surely have had some influence on people’s work or actions. The reader is left to infer from Hayden’s description that the syphilis bacterium, affecting the central nervous system and inducing the illusion of great light, is an important factor to be considered in the circumstances surrounding Beethoven’s composition of ‘Ode to joy’, or van Gogh’s paintings such as ‘Crows over the wheatfield’. In her final case study, Hayden provides an interesting analysis of the possible role syphilis might have played in Hitler’s life. Hayden proposes that Hitler’s anti-semitism was possibly heightened by his personal experience of syphilis, being a disease that, as she points out, Hitler closely identified with the Jews in *Mein Kampf*.

Yet for the medical historian the book throws into sharp relief the problem of evidence, and raises questions over the validity of retrospective diagnosis in historical inquiry. Her description of how stigmatizing the disease has been during the five hundred years it has been prevalent in Europe, and the difficulties surrounding its accurate diagnosis, ultimately serve to
undermine her thesis. As she admits, “The reader looking for proof in the contentious cases will find none.” In some cases, for instance in her chapter on Beethoven, Hayden is forced to acknowledge that “As much as we might like proof for a diagnosis of syphilis, there is none”. Yet, as subsequent chapters show, Hayden does not allow a lack of evidence to spoil a good story. Concluding her fifty-page chapter on Hitler, Hayden states, “There is no definitive proof that Adolf Hitler had syphilis, any more than there is undeniable evidence that he did not.”

The thesis is an interesting one, but the foundations of proof that Hayden provides are shaky. The argument is built on a structure of circumstantial evidence and conjecture that historians will find flimsy. In order to be a helpful addition to medical history such a discussion requires much more evidence than Hayden is able to provide. Without this evidence we are in danger of proving Cecil Graham’s charge, in Wilde’s Lady Windermere’s Fan, that “history is merely gossip”.

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Thomas Söderqvist, Science as autobiography: the troubled life of Niels Jerne, translated by David Mel Paul, New Haven and London, Yale University Press, 2003, pp. xxvi, 359, illus., £27.50 (hardback 0-300-09441-8).

This is a remarkable book about a remarkable man. Söderqvist describes and analyses the life of the immunologist Niels Jerne (1911–1994), who was awarded the Nobel Prize in 1984 and certainly belongs to the most prominent medical researchers and especially immunologists of the twentieth century. Jerne contributed decisively to the understanding of immunology with two theoretical approaches, namely the selection theory of antibodies and the network theory. Both theories were intended to be free of the cautious idea that the immune system would work only in response to antigens or toxins. The selection theory postulated that the organism would produce a range of different antibodies spontaneously. The network theory saw the immune system of the human body as a kind of cybernetic system where all parts worked consistently. Söderqvist’s book relies on archival studies as well as over 150 hours of oral history interviews with Jerne himself and on talks with over 90 relatives, friends and colleagues. These core data sound attractive but most outstanding is the life of Jerne itself. It does not correspond to the platonic idea of a Nobel-Prize winning professor in medicine with a straightforward career, who is married to his lab and produces marvellous scientific knowledge about the world. On the contrary, Jerne first of all slipped into the shoes of his father and worked as a sort of tradesman and inventor. His favourite pasttime was reading philosophy and art books and discussing related problems and politics in cafés and bars. Although bound to the bourgeois world of his times, he was attracted by the bohemian life-style and disliked the idea of living an ordinary life. Jerne was a kind of “womaniser”, who tried to realize his erotic sado-masochistic fantasies when aiming to subordinate women to his own will. He was torn between anxious insecurity, watching and analysing himself and his environment from a distance, and a strong belief in his mastermind, which manifested itself in clear-cut and straightforward ideas and statements. Söderqvist describes Jerne as a sensible, fragile genius, who desperately tried to control his life and who found his way to medicine only after a period of successive stabilization. His Nobel Prize winning theories were moulded by and were an expression of his inner life, and they were rooted in his efforts to organize a chaotic world with the help of the arts and sciences.

As interesting as Jerne himself, is Söderqvist’s methodological approach. He tries to deliver an “existential biography”, which focuses on the life of the researcher and not primarily on the scientific achievements, as Jerne’s work “was an inseparable part of his life”. Söderqvist contrasts his own approach with that of “most biographies of scientists, which inevitably focus on scientific work and public achievements and leave the rest of life (if treated at all) at the periphery” (p. xxiii). Although the approach is interesting,
it remains problematic for three main reasons. First—as noted by Söderqvist himself—many factors influence the scientist’s life. And in fact, Jerne’s life is shaped not only by his inner motivations but also, for example, by social networks: relatives, friends, colleagues, and, last but not least, his wives and girlfriends.

Söderqvist describes all these factors and in fact he delivers a modern biography, which considers the cultural environment of the scientist. Therefore, I have some doubts whether the “existential biography” really serves as a new methodological approach. I think the consideration of the “inner life” of a person only complements the variety of aspects which should be considered in biographical writing. Second, the analysis is sometimes rather meagre, and the explanation of why the inner life shapes Jerne’s scientific theories is sometimes vague and speculative and not entirely convincing. There is no careful conclusive analysis. Third, when focusing strongly on Jerne’s personal motivations and ideas, there is danger in adhering too much to his own interpretation of his life. Jerne loved the existential philosopher Søren Kierkegaard; Söderqvist loves him too, and the outcome is an “existential biography”.

Söderqvist explains the danger of a strong identification with the research subject, but the reader is left feeling uneasy.

Notwithstanding these criticisms, this biography is an important contribution to the history of science and medicine. It is a good read, it is very inspiring and—even if this is not its primary intention—it tells us a lot about the history of immunology. The book is above all a reminder of the need for personal aspects of a researcher’s life to be considered much more than hitherto, and—using a phrase of the historian Peter Moraw—that the scientist does not leave his personality and social relations in the wardrobe when entering the lab.

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Shelley McKellar, Surgical limits: the life of Gordon Murray, University of Toronto Press, 2003, pp. x, 270, illus., £28.00, US$45.00 (hardback 0-8020-3739-9).

This book ought to be subtitled ‘The last dinosaur’. Gordon Murray was a Canadian surgeon who was born in 1894 and died in 1976. He was educated and practised in the era of heroic individualism, achieving worldwide recognition for his contributions to various areas of surgery. He continued to practise until the early 1970s, by which time the surgical mould in which he was cast had become outmoded and his work was increasingly ignored by the medical community, and in one instance brought upon him a degree of opprobrium.

He was born in rural Ontario to an immigrant Scottish family and had impressed on him from infancy the values of education and hard work. In 1914 he enrolled to study medicine at the University of Toronto, a city with which he was to be associated for the rest of his life. The First World War intervening in his education, he enlisted as an artilleryman and rose to the rank of sergeant. He returned to his studies after the war and graduated in 1921. Determined to become a surgeon, he travelled to the United States and England (it is sometimes forgotten how many students came from abroad to study in England in these years—a good subject for a PhD). In 1927 he took up a position at the Toronto General Hospital.

From the start, Murray had an interest in surgical research but was very much a loner. His first well-recognized work was on the use of the relatively newly discovered drug heparin, which he initially used in the treatment of thrombosis and embolism. He then employed it to produce haematological states that enabled him to carry out vascular surgery, notably suturing vessels, for instance after the removal of an aneurism. After the Second World War he turned to heart surgery, operating on children with congenital defects. He did not, however, continue this work into the heart-lung machine era. Always considering himself a general surgeon, Murray moved on and turned his attention to the development of an artificial kidney. His machine seems to have had some success, although ultimately it was a device
based on the design of the Dutchman Willem Kolff that was widely adopted. Murray then moved to kidney transplantation, but in an era before the immunity of rejection had been researched his success was limited to say the least. From here on it was a story of failure. First he tried to raise antisera in horses to treat cancer but the medical community remained sceptical. Next he turned to suturing the spinal cord in humans in the hope of curing paraplegia. The medical community’s suspicion of his work became outright condemnation, especially since his results were presented with a shoddiness, not to say sleight of hand, that was easily spotted in a world much changed from the one in which he started.

This book might also be subtitled ‘The history of a paranoid’. Murray often behaved with a secretive and hubristic attitude to his colleagues that undoubtedly stymied his career at times. His brilliance as an operator and the recognition of his early research, however, carried him through, indeed to the receipt of the élite Order of Canada. Although his later work did not receive the same sort of recognition as did his earlier studies, McKeller is quite clear that methodologically nothing changed. There was always a cavalier attitude to laboratory experiment and a rush to the clinical situation. He was reluctant to work in a team, relied on the case history as evidence, and took a blinkered view of the clinical trial. All these things were passable in his younger days, but in the 1960s and 1970s they rendered him a dinosaur.

McKeller tells this tale well but she also tries to do something else is most welcome. She shows how Murray’s rise to fame was integral to the wider growth in the public domain of the language of surgery as the medicine of miracle cures. Indeed so fêted was he by the press that his later work was hailed as promising great breakthroughs in cancer treatment and the cure of paraplegia. The media fostered the image of the surgeon as heroic individualist and it is hard to think this line did not foster the image in Murray himself. This is a plainly written account based on extensive research. Even more perhaps could have been made of the public image of the surgeon but it is good to have a biography of a relatively modern surgeon that attempts to place him in a broader context.

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Rina Knoeff, Herman Boerhaave (1668–1738): Calvinist chemist and physician, History of Science and Scholarship in the Netherlands, vol. 3, Amsterdam, Koninklijke Nederlandse Akademie van Wetenschappen, 2002, pp. xvi, 237, €35.00 (hardback 90-6984-343-0).

Rina Knoeff’s goal is to prove the influence of Calvin on Boerhaave, to show that his religious ideas vitally informed all areas of his work including his natural philosophy, his medicine, and his chemistry. As she puts it, “nothing in Boerhaave’s life was more important than his religion” (p. 1). This study can thus be seen as part of the new scholarship in the history of science, which recognizes the importance of extra-scientific ideas on important scientific figures of early modern Europe. Knoeff isolates two essential Calvinist tenets of Boerhaave’s science: first, an appreciation of the wisdom of God in creation and, second, a recognition of God’s overwhelming power, especially as compared to the inherent limitations of human beings. She contends that Calvinism provided an impetus to science because Calvin’s understanding of God, as having determined everything absolutely, obliged man to study nature as his creation. The pursuit of science was intended to indicate man’s thankfulness to God and to detect God’s will in his creations.

Knoeff focuses on four specific themes: the charge levied against Boerhaave that he was a Spinozist; Calvin’s ideas on creation, providence, and knowledge as a fundamental influence on Boerhaave; Boerhaave’s chemistry as a practical application of his Calvinism; the relationship between Boerhaave’s chemistry and medicine. Each claim yields some interesting
correlations between religion and science. For example, on the charge of Boerhaave’s reputed Spinozism, Knoeff contends that, while Boerhaave, like Spinoza, wished to separate theology and science, Boerhaave separated the two to serve theology. Thus Boerhaave admired Spinoza’s religious toleration and belief in the freedom of the mind (in essence, separating religion and science) but remained a committed Calvinist. Boerhaave’s chemistry was intended to expunge it of an erroneous alchemy rooted in a false reading of the Bible. Both his theology and his chemistry are rooted in a desire to explore God’s creation. Boerhaave retained occult ideas in his science as indications of the work of God’s creation and appreciated Newton because of the comparability between Newton’s ether and his own proposed occult qualities.

This book makes an important contribution to the scholarship on Boerhaave by taking the influence of religion on his science very seriously. But the connection is presented as so all-inclusive that, at some points, it is no longer entirely persuasive and seems instead overly and rather narrowly deterministic. Ideas are at times too readily conflated with Calvinism. For example, Boerhaave’s appreciation of virtually any other thinkers—Spinoza, Newton, etc.—all become aspects of Calvinism. At one point Knoeff announces, “his ideas might look Cartesian, but they effectively resulted from his Calvinist convictions” (p. 89). If Boerhaave accepts Spinoza’s ideas or appreciates Newton, Knoeff subsumes those views under his Calvinism. The notion that the study of God and his creation is a motive for science may well characterize Boerhaave’s pursuit of science, but such a quest galvanized early modern figures of many religious persuasions. So too Boerhaave’s interest in simplicity and truth in both theology and chemistry might express the early modern exasperation with theological division as much as adherence to a distinctly Calvinist point of view. Knoeff argues that, because Calvinism emphasizes the inability of man to come to knowledge by his own efforts, Boerhaave turned to experimentation. As man could not find truth through reason, experiment is meant “to reveal the incomprehensibility of God’s wisdom and power in his creation” (p. 212). Although Knoeff insists that Boerhaave is very indebted to Calvin and while she discusses at great length tenets of Calvinism, she also frequently acknowledges that Boerhaave is not a conventional Calvinist, and thus it is sometimes difficult for the reader to see a clear link between the two. This study makes Boerhaave’s religious ideas central to his science and, as a result, adds a significant dimension to our understanding of him and his place in the scientific culture of the seventeenth and eighteenth centuries.

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Andreas Mettenleiter, Adam Christian Thebesius (1686–1732) und die Entdeckung der Vasa Cordis Minima: Biographie, Textedition, medizinhistorische Würdigung und Rezeptionsgeschichte, Sudhoffs Archiv, Beiheft 47, Stuttgart, Franz Steiner, 2001, pp. 580, illus. €96.00 (hardback 3-515-07917-3).

This book focuses on a medical dissertation, published in Leiden in 1708, in which the Silesian student Adam Christian Thebesius described his discovery of the “vasa cordis minima”, small veins originating in the coronary veins and opening into the cavities of the heart. Somewhat earlier, in 1706, Raymond Vieuussens had already described these vessels, but with less precision and he was concerned with their physiological function rather than with their anatomical structure. Until the mid-nineteenth century their existence was contested because often they could not be made visible in wax preparations. Nowadays, the function of these “Thebesian veins” is still a matter of dispute, although they are generally considered to be of minor importance.

The book contains a biography of Thebesius, an edition of both the dissertations of Thebesius and Vieuussens with a German translation, a survey of the notions of the heart vessels before the eighteenth century, a description of the reception of ‘Thebesius’ discovery and a table which records the main results of
400 publications on these vessels published since 1708. Mettenleiter’s text is saturated with scores of biographical and general medico-historical notes and is enlarged by various appendices containing source material on Thebesius, selected English translations and several excerpts of texts mentioned.

It is the author’s declared aim to compile and present all the material necessary to enable a discussion of the history of the discovery and of the function of the vasa cordis minima. His book is thus an interesting attempt to write history which is of immediate interest to modern research. The bibliographical records seem to be only of little help for medical scientists who are concerned with numerous methodological and technical details. But they might provide a good take-off point for a case study in the theory and sociology of modern science. As such, a study could focus on a well-defined and controversial research topic which is studied by scientists from various disciplines (physiology, heart surgery, embryology, etc.) which might furnish some new insights into the methods and cultures of medical research—and thus be of interest to the scientists themselves.

Mettenleiter’s book could therefore be a first small step towards a study of modern science. Unfortunately, it is also only a small step towards a historical study in its own right. The author confines himself to a description of the notions of various authors from the epic of Gilgamesh to the present time, enriched by the enumeration of countless “facts”. He thus reveals a positivistic conception of history which is, for example, visible in his characterization of Vieuussens who, as a physiologist, was subject to the errors of his time but who nevertheless was a pioneering anatomist (p. 204). Such seeming contradictions should have encouraged the author to ask the questions which are at the core of modern historical research: how are discoveries integrated into the concepts of their time, why are they accepted or rejected, and which mechanisms within the scientific and other communities control these developments? Whoever would like to study the discovery of the Thebesian veins in such a manner will have to go back to the sources and Mettenleiter’s book will be of only limited help.

The first section of the book is devoted to the biography of Thebesius who is portrayed as a representative Silesian physician of his time. We do not, however, know much more about him than about many physicians of the period and therefore have only some general information about his family, studies and medical career; we get to know his few medical publications and poems, but we hear almost nothing about his patients, his professional contacts and his daily life and work as a physician.

It has to be noted that this book is the dissertation of a medical student and therefore should be judged as such and be welcomed as a solid and reliable work that has, despite its shortcomings, a value as a collection and description of material pertaining to a minor discovery in the history of medicine.

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Malcolm Parsons, Yorkshire and the history of medicine, York, William Sessions, 2002, pp. viii, 111, illus., £6.50 (+ £1.20 p&p UK; +£2.00 p&p overseas), (paperback 1-85072-273-0). Orders to: William Sessions Ltd, Huntington Road, York Y031 9HS, UK.

Yorkshire is known for the bluntness of its sons, as well as for its interest in such sports as cricket and Rugby League football. A county with as many acres as there are words in the Bible, it boasts not only the coalmines and smoke of its industrial heartland, but also the beauty of its north sea coast and the lovely valleys of its northern dales. Less known, perhaps, is its relationship with medicine.

Malcolm Parsons is an erudite neurologist who has spent much of his life in consultant practice in Leeds. In Yorkshire and the history of medicine, he describes the many remarkable medical men who either came from Yorkshire or pursued their careers there. Many are familiar figures, John Fothergill the Quaker from Wensleydale, John Coakley Lettsom, his protégé and fellow
Quaker, the Tukes of York who released the insane from bondage, and the neurologist Hughlings Jackson. Clifford Allbutt, future Regius Professor at the University of Cambridge, was physician to the Leeds Infirmary, whilst Berkeley Moynihan, who forever did away with the idea that the surgeon was no more than a rough and ready sawbones, became the first and virtually the only provincial to become President of the Royal College of Surgeons. William Pickles of Wensleydale became the first President of the Royal College of General Practitioners. But this book tells us so much more. It is not generally appreciated that Thomas Browne’s Religio Medici was written whilst he was practising in Halifax nor that David Ferrier had so great an influence on the recognition of the importance of cerebral localization whilst working at the West Riding Lunatic Asylum. There was also the important work of medical artists. John Burton, portrayed as Dr Slop in Tristram Shandy, was a remarkable anatomical illustrator, as was his friend, George Stubbs, much of whose early work was carried out in Yorkshire. Not content with the modern era, Dr Parsons is an expert on the stained glass windows of York Minster which portray medical events. This engaging volume is to be recommended to all who appreciate the importance of local history. It is well written. Sadly, however, there is no index.

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Marijke Gijswijt-Hofstra and Hilary Marland, Cultures of child health in Britain and the Netherlands in the twentieth century, Clio Medica 71, The Wellcome Series in the History of Medicine, Amsterdam and New York, Rodopi, 2003, pp. vi, 317 (hardback 90-420-1054-1), (paperback 90-420-1044-4).

In 1999 a group of Dutch and British historians working in child health gathered at Warwick University for a workshop on ‘Child health and national fitness in the twentieth century’. National fitness emerged as a less important unifying theme to the workshop than had been anticipated. As the editors wrote in the introduction to the volume which emerged from the workshop, the dominance of “national efficiency” was challenged. National efficiency was still viewed as a central motivating factor for child welfare and health in early-twentieth-century Britain by those who wrote on that subject; for example in his chapter on mental deficiency, Mark Jackson cited an early-twentieth-century doctor who proclaimed: “The hand that wrecks the cradle wrecks the nation” (p. 157). Yet it was also shown to be time and place specific. The Dutch historians argued that national fitness was less important in discourses of child health than the “pillared” denominational society of early-twentieth-century Netherlands. Other papers focusing on post-Second World War societies showed that concerns of national fitness had given way to other considerations based on social changes and the new child psychology (such as the “separation anxiety” discussed by Harry Hendrick, the sexual revolution discussed by Hugo Röling, and the anti-psychiatry movement and youth culture discussed by Gemma Blok). This collection of essays highlights the importance of viewing the history of child health in its broader social and cultural context, and the value of comparative history in the unravelling of those contextual constructions.

The history of children’s health covers a multiplicity of subject areas and this volume is no exception. The subjects range from physical education in schools, the school medical service and educational reform, infant care advice and consumerism, mental deficiency, children’s and adolescent residential institutions, corporal punishment, hospital visiting, and sex education. The editors define “the child” as being school aged, between the ages of four and fourteen, and note that most of the essays focus on this age group. However, three deal with infants, and two with adolescents (defined as between the ages of fifteen and twenty-five). In his overview chapter, Roger Cooter laments the continued “adultist” approach to the historical study of children and the lack of children’s voice, though he sees Hendrick’s essay on hospital visiting as

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“hinting” at a history of children’s own experience of illness and medicine. Deborah Thom perhaps comes closest to uncovering children’s views when she uses oral history to assess the extent of physical punishment in the home and at school.

One of the goals of the workshop was to reflect upon advances in the historiography of child health since the publication of Roger Cooter’s landmark collection of essays, *In the name of the child: health and welfare 1880–1940* (1992). For this reason Cooter was invited to contribute the final chapter of this book. Cooter regretted that children had still not become a major focus for historical research except in relation to more general historical agendas or in connection with specific foci, such as the history of sports, masculinity and “mental defectives”. Yet the fifth conference of the European Association for the History of Medicine, held in Geneva in 2001 and entitled ‘Health and the child: care and culture in history’ demonstrates that the situation is not as bleak as indicated by Cooter. This conference attracted over 90 papers and 120 participants. Unfortunately no publication has emerged from the meeting (though some of the participants contributed to the present volume). This contrasts with another conference held the previous year, at the University of Michigan, which resulted in *Formative years: children’s health in the US, 1800–2000* edited by Alexandra Minna Stern and Howard Markel (2002). Child health does appear to be developing its own specific historiography and this volume is an important contribution.

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John Waller, *Fabulous science: fact and fiction in the history of scientific discovery*, Oxford University Press, 2002, pp. xi, 308, illus., £18.99 (hardback 0-19-280404-9).

Clearly intended for the “popular” market, Waller’s book leaves a lot to be desired as far as the readership of this journal will be concerned. In spite of the author’s repeated attempts to point to the unifying themes of his book, it comes across to the reader who knows something about the history of science and medicine, or something about the philosophy and sociology of science as a ragbag of *causes célèbres* of such differing kinds that it presents no sound conclusions about the nature of modern science.

Divided into two parts, the first presents five case studies which reveal “conduct unbecoming of a good scientist” (p. 284), by “distorting experimental results until they are consistent with strongly held beliefs” (p. 110), and could be said, therefore, to be concerned with the nature of science itself. The eight case studies of the second part are said to be concerned with “offences committed against the historical record” (p. 284), by inventing myths to displace historical truths. The naive reader will no doubt be persuaded. The not so innocent reader will wonder, however, whether it is legitimate to include a notorious case of the dangers of scientism, Frederick Taylor’s “scientific management”, or a clear case of ideologically driven “science”, the “Hawthorne Experiment”, alongside Robert Millikan’s attempts to measure the charge on the electron, or Arthur Eddington’s attempts to confirm general relativity, or Louis Pasteur’s efforts to disprove spontaneous generation (even granting the ideological dimension to these efforts). The lessons of each case study do not build up to provide a cumulative picture of the dangers or pitfalls of the experimental method, or of the institutional organization of science, they simply remain interesting cases in their own right.

Some readers of this review will already have noted that there is nothing original in Waller’s choice of case studies either. It is clear from reading his accounts that they are entirely derivative upon earlier studies; often a single study (John Farley and Gerald Geison on the Pasteur-Pouchet debate, Gerald Holton on Millikan, John Earman and Clark Glymour on Eddington). Waller talks throughout of the importance of history for understanding the nature of science, but by repeating familiar case studies he is in danger of showing the poverty of historicism. Instead of repeating old lessons of history, wouldn’t it be better to reinforce them with new case studies?
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The same disparity of historiographical themes can be seen in the second part. Is there a general lesson about science, *qua* science, to be learned from the pathological dishonesty of Charles Best, self-professed discoverer of insulin? Surely there is a world of difference between the simple storybook account of John Snow's role in the discovery of cholera germs, or Joseph Lister's role in antisepsis, and the much more scientifically significant myth-making around Gregor Mendel and the establishment of so-called Mendelian genetics? What is the link between these cases and the efforts of TH Huxley and others to promote their own professionalizing strategies by deliberately severing age-old links between science and religion? To be sure, these case studies can all be seen to include myth-making at the expense of sound history, but their real interest lies in the unique details of the historical contingencies which shaped them.

For those who do not know these famous cases, Waller's book will no doubt seem fascinating and revealing. But the cases are justifiably famous, being full of intrinsic interest, and all Waller has done is to string them together in an accessible way.

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Robert S Desowitz, *Federal bodysnatchers and the New Guinea virus: tales of parasites, people and politics*, New York and London, W W Norton, 2002, pp. x, 262, £19.95 (hardback 0-393-05185-4).

For more than half a century tropical epidemiologist Robert Desowitz has pleased his readership, professional as well as more general readers, with a variety of articles and books. The professional papers, ranging in main subjects from trypanosomes via kala-azar to malaria, have reported results obtained on expeditions to tropical locations: field research carried out over more than thirty years from the River Kwai and Burma, Gambia and Papua New Guinea, and WHO consultancy on kala-azar in India and Bangladesh; such reports were published in peer-reviewed professional journals, and written to inform colleagues in the medical sciences. Then, from the late 1970s onwards, Desowitz wrote in addition a series of books aimed at informing—and warning—more general readers of what René Dubos in an early review said revealed how “the life complexities of the microbial agents of disease are more than matched by that of human behaviour”. From *New Guinea tapeworms and Jewish grandmothers* (1981), *The thorn in the starfish* (1987), and *The malaria capers* (1991), they have all included subtitles which are variations on the p-words: parasites and people. Still as concerned as ever with developments in Papua New Guinea, Desowitz now offers us *Federal bodysnatchers and the New Guinea virus* and this time adding, significantly, “politics” to the subtitle of the book which is aimed so thoroughly at the general reader that it dispenses with footnotes and “Further Reading” altogether. By now long into formal, if still very active, retirement, the author firmly, if disappointingly for his loyal readers, declares this to be his final volume.

More than fifty years ago, young Desowitz was in London, finishing graduate work at the London School of Hygiene and Tropical Medicine and planning to make a career as an epidemiologist in malaria-ridden tropical countries with the support of his then mentor, H E Shortt. He was told firmly on arrival in Nigeria by the colonel in charge to concentrate instead on trypanosomiasis research, since malaria was about to be “totally eradicated, and you will never make a career, let alone a living, from it”. By the 1970s, malaria was more of a threat than ever, at the expense of interest in the trypanosomiases. Undaunted, Desowitz continued his own interest in both.

The early chapters of the present volume are concerned with the spread and epidemiology of the West Nile virus. First making itself felt in northern Uganda in 1937, in the early days of virology, this virus later spread via Egypt to France’s Rhone delta and on to the Danube delta, and from Montpellier to Bucharest, mainly killing birds and horses, before attacking humans there in 1996. Finally, in the summer of 1999, it appeared initially unrecognized, in birds and
humans in Flushing, New York, spreading panic in a community with supposedly highly developed Public Health Services, including the Centers for Disease Control and Prevention (CDC), whose laboratories at the time were more concerned with thoughts of bioterrorism and biological weapons than with naturally occurring zoonoses, let alone those spread by unpopular crows. Criticizing the reactions of the CDC and other government infectious disease agencies, Desowitz pronounces the West Nile outbreak in North America and its treatment by the authorities as “a shambles . . . chaotic confusion . . . truly frightening. If the West Nile virus is a curtain-raiser to the arrival of a truly nasty alien pathogen, like the Ebola virus, then we are in big trouble [a favourite expression of his repeated elsewhere in this book] if we are to depend on governmental services to protect us”. We may be better protected in London, where as I write The Times carried a short paragraph in July 2003, announcing a “Virus Alert: Climate change may bring a fatal disease to the UK, Sir Liam Donaldson, the Chief Medical Officer, says. The West Nile virus infected 4,000 people and killed 277 in the US last year”. At least Sir Liam is taking the threat here seriously.

The last third of this volume criticizes the growing exploitation of the patent system by commercial interests and by legal firms specializing in “intellectual property”. Desowitz, fuelled by personal experience, turns to aspects of the role of the innocent scientific “expert witness” confronted with the machinery of twentieth/twentу-first-century curiosities of legal powers. The patent discussions lead us to the explanation of Desowitz’s catchy title for this final volume. Today’s “federal bodysnatchers” have developed from the entrepreneurial bodysnatchers, resurrectionists and graverobbers, who from the early nineteenth century supplied anatomy teachers in reputable schools of anatomy with bodies of the newly dead, freshly disinterred under cover of darkness; or worse who, “when corpses were in short supply . . . would respond to market forces by creating merchandise of their own manufacture”, like the murderers Hare and Burke.

From such grisly facts Desowitz moves forward to the late twentieth century, to a medical establishment now working in partnership with the burgeoning biotechnology business “to be accused again of being “in league with bodysnatchers”, the latter now working “on the micromolecular level”, i.e. supplying human genetic material to be exploited for commercial purposes. In the case under discussion here, the third world indigenous people used are the Hagahai tribe of Papua New Guinea, whose genetic material was patented by the National Institutes of Health (NIH) for use in research on HTLV-1, the Papua New Guinea Human T-Lymphotropic Virus. The NIH soon lost interest in the patent when it showed no sign of being sufficiently profitable commercially, and after further struggles it was awarded to the Hagahai’s trustee, Dr Carol Jenkins, who had championed their cause throughout, but at a price—approximately $6,000. It was end of the “Hagahai HTLV-1 affair”, now seen by the author as a curtain-raiser for an emerging issue—using life for commercial exploitation, and legitimizing the procedure with “patent—intellectual property laws”. And that seems to be the message Desowitz is eager to leave the public and his profession in this supposedly final volume.

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Mridula Ramanna, Western medicine and public health in colonial Bombay 1845–1895, New Perspectives in South Asian History, Delhi, Orient Longman, 2002, pp. xii, 270, Rs. 550.00 (hardback 81-250-2302-X).

Research into the medical history of colonial India has produced many fine studies of specific issues, a number of more general studies on Bengal and a few books on medical history at the all-India level. By
covering the general medical history of the relatively under-researched city of Bombay during “high colonialism”, Ramanna’s work is a welcome addition to existing historiography. Moreover, the book is based on an impressive amount of primary sources, both printed and manuscript material. In this sense it lays the foundation for further studies into the medical history of Western India. It attempts to give a wide coverage of medical issues in the second half of the nineteenth century and consequently has less to offer in terms of specific in-depth studies. It is an account of western medicine and Indian reactions to it. Indian medicine and its practitioners play only a very limited part in the analysis.

The first chapter deals with medical practitioners and is probably the weakest part of the book. Too much attention is devoted to the piling up of biographical details. While such information is probably useful for readers with a special interest in Bombay, it is of less relevance to the generally interested historian of medicine and could have been put in an appendix. The reader should not, however, be discouraged, as this is only a minor problem in the remaining chapters. Chapter two tells the story of hospitals and other medical institutions in Bombay and one is struck by the willingness among the Indian élite to contribute funds for institutions of western medicine. It is also interesting to compare this kind of Indian initiative with the implementation of sanitary policies (the subject of chapter three), an area where Indians were less visible and more hostile. Two interesting chapters are devoted to issues with a gender perspective. Chapter five deals with the workings of the Contagious Diseases Act—which aimed to control prostitution—while chapter six investigates medical resources for women and the limited possibilities for (mainly western) women to work within the medical profession.

The book concludes that the colonial attempt to disseminate western medicine was generally cautious and fraught with contradiction. Similarly, Ramanna convincingly demonstrates how the Indian response to western medicine was mixed and ambiguous. Generally, it is a major strength of the work that it is sensitive to the varied and complex nature of the response to western medicine in Indian society. By contrast to these balanced views, the western perception of Indian medical traditions is presented unambiguously as simple contempt and straightforward rejection. While Indian medical traditions were probably never more beleaguered than in the second half of the nineteenth century, it nevertheless—to this reviewer at least—seems doubtful that such a simplistic view is justified.

On the whole Ramanna’s findings are largely in agreement with David Arnold’s seminal treatment of colonial medicine in Colonizing the body (Berkeley, 1993), but she does give a valuable regional illustration—and sometimes also modification—of Arnold’s interpretation.

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Joanna Grant, A Chinese physician: Wang Ji and the ‘Stone Mountain medical case histories’, Needham Research Institute Series, London and New York, RoutledgeCurzon, 2003, pp. xi, 209, illus., £55.00 (hardback 0-415-29758-3)

The expression “Make a mountain out of a mole hill” conveys exaggeration succinctly. In this case, however, Joanna Grant makes the sixteenth-century physician Wang Ji’s Stone Mountain medical case histories more significant than either the author himself or his book would be on their own. Grant’s focus on only one physician and just one of his dozen or so books, contrary to expectations of a picturesque but unchallenging stroll up and down a mound, transcends the adage by fleshing out multiple dimensions of one sixteenth-century Chinese physician’s life and his Stone Mountain legacy. Here the sum is greater than the parts. This is a brief book intended for historians of medicine not only in China, but also Europe, and almost anywhere else. The weight of Stone Mountain, in fact, relies on its emphasis of a specific time and place, one individual physician’s career, his recorded clinical encounters with patients, and the competition he experienced with both elite physicians—like himself—and a range of
other non-élite healers. One more illustration that medicine in China was diverse, varied, multiple, and complex is welcome. Grant’s specific contextual examples also wield power precisely in their pointed challenge to previous generalizations.

*Stone Mountain* is structured according to three explicit methodologies: traditional socioeconomic and biographic description, textual analysis, and gender analysis. The first chapter places Wang Ji in the medical culture and contemporary society of Huizhou prefecture, a hilly mountainous region in Anhui province of Central China, west of modern-day Hangzhou. In the sixteenth century, one of the wealthiest and most dispersed groups of merchants emerged and spread out from this region to all other major urban areas of China. The conspicuous public consumption of this new moneyed merchant class, for Grant, contributed to Wang’s anxiety about a concomitant decline in society’s moral fibre. This psychological anxiety explains, in part, the dominant selection of cases for the *Stone Mountain* of men suffering from what Wang diagnosed as the depleting consequences of over-indulgence.

The second and third chapters comprise the textual analysis dimension of this tight book. Grant first discusses medical case histories generally as a genre, their structure, multiple functions, and new form during the sixteenth-century publishing boom. Then she looks closely through the case histories as a unique lens into the historical medical practice of a physician very much of his time, place, and culture. Published in 1531, *Stone Mountain* also marks a milestone in Chinese medical publishing as the first known compilation devoted to the medical case histories of a single physician. The compilation contains over a hundred of Wang Ji’s own case histories as well as those of other physicians whose views supported his own (but which Grant does not analyse), several doctrinal essays arguing his positions on diagnosis and treatment, and biographies of him and his father. Grant examines its multiple didactic, social, and strategic functions: to educate future generations, to bolster the author’s reputation, to record strange medical occurrences, and, for his disciples who collected and compiled the case histories, to secure a lineage affiliation with a respected physician. In the absence of modern-day medical institutions such as research labs, accredited schools, hospitals, and professional trade organizations, early-modern Chinese physicians relied instead on kinship ties, master-disciple relations, and publishing projects to assert their cultural authority in a highly competitive pluralistic medical arena.

Comparable to the persuasive function of published collections of legal cases, which also rode the sixteenth-century Chinese boom in publishing, Wang chose cases for *Stone Mountain* that supported his positions in current medical debates regarding causation, diagnosis, and treatment. He thought, for example, that most of his male patients should be treated with warming and replenishing drugs—particularly, ginseng and astralagus root—to boost the protective system he thought they most likely depleted through excessive sex, wine, and rich food. Wang and his disciples chose the cases in *Stone Mountain* to prove the efficacy of what was at the time considered a controversial therapeutic strategy. Grant does not explain, however, both sides of this controversy, its logic, or history. The analogy that Wang Ji modelled his medical case histories on judicial uses of legal cases to support positions in broader debates, although not a new insight, is certainly, however, worth this elaboration. The third chapter enters more concretely into the realm where doctrinal theory and clinical practice meet, individual symptoms and medical depositions converge, and the physician encounters disloyal patients, questioning family members, and serious rivals to his medical authority. Grant conveys well here the battle a physician of Wang’s education, status, and reputation had to wage to carve out a niche for his practice in a fiercely competitive environment and at a time when doctors held precious little cultural authority, patients shopped around, and rivals were plenty and near at hand.

Grant complements the historical, biographical, and textual approaches of the first three chapters in the fourth and final chapter where she directs a critical eye on how gender
played out in the 109—roughly a 2:1 ratio of male (66) to female (43)—of more than 170 case histories recorded in *Stone Mountain*. Grant aims her gender analysis of Wang Ji’s case histories at the groundbreaking scholarship on gender in Chinese medicine that has, nevertheless, focused almost exclusively on the reproductive disorders of menstruation, conception, and pregnancy. By looking at the full range of disorders women experienced, and not just reproductive ones, Grant makes two arguments. In contrast to the emphasis on reproductive disorders and menstrual regularity found in Chinese gynaecological texts, Wang Ji did not consider menses integral to his diagnosis of female patients suffering from non-reproductive problems. Nor did he consider his female patients to be ruled by their uterus, as many of his European colleagues would have assumed, or even blood, as had been assumed he and his Chinese medical contemporaries believed. Following the lead of other gender theorists, Grant further compares gendered constructions of male as well as female disorders. By tabulating thirty categories of disorders for men and women, she allows the reader to compare easily both similarities and differences between the sexes, and especially differences between reproductive and non-reproductive women. She also finds that not only were men the focus of Wang’s medical concern, but also that they were most likely to be diagnosed with a depletion disorder due to excessive behaviours. He dispensed moral advice along with herbal formulas. This is where Grant shows most directly that cultural and historical factors intersect with medical diagnosis and intervention. Wang’s anxiety about the immoral consequences of the new wealth, aberrant behaviour, and social aspirations of the emergent merchant class in his native Huizhou region may well have both expressed itself in the *Stone Mountain*’s emphasis on male depletion disorders and been one of the main motivations for its publication.

*Stone Mountain*, Wang Ji’s chosen literary name, above all reflects his sense of self as a stoic, moral, and upright Confucian doctor administering medical advice as a moral corrective for a decadent age. Through Grant’s systematic, imaginative, and multifaceted analysis, the *Stone Mountain* also gains new stature as a much needed example for comparative work on gender, medicine, and culture that is as well situated in a concrete historical medical practice as it is argued.

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**Montserrat Cabré and Teresa Ortiz** (eds), *Sanadoras, matronas y médicas en Europa, siglos XII–XX*, Barcelona, Icaria, 2001, pp. 317 (paperback 84-7426-561-4).

In 1999, *Dynamis*, the journal of the history of medicine published at the University of Granada (Spain), devoted its volume 19 to women’s knowledge and practices regarding healthcare. The wide chronological spectrum of the articles—the majority in English—and the broad range of methodological approaches in which they were written, provided an interesting reflection on, and a comprehensive picture of, the recent developments on the subject. Its publication was very well received within academic circles in Spain, since it brought together for the first time in that country a group of works on issues that had recently aroused great interest in the field of women’s studies as well as in that of the history of medicine.

The present book, which contains a selection from the articles in the original volume, aims to reach a broader audience than that of a specialized journal, while attempting to achieve a wider diffusion among a Spanish-speaking readership through the translation of the essays into Spanish. The wise selection of articles provides the collection with chronological and historiographical coherence. The book consists of three sections, devoted respectively to healers, midwives, and female doctors. The diachronic sequence of the sections also articulates the different ways in which women’s knowledge and practice of healthcare have developed historically in the West from the Middle Ages.
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The first section—pluralism in the knowledge and practices of women healers, twelfth to seventeenth centuries—comprises five chapters by Monica Green, Montserrat Cabré and Fernando Salmón, Alison Klairmont-Lingo, Jennifer Hellwarth and Gianna Pomata. The second section—midwives’ strategies and conflicts, seventeenth to twentieth centuries—consists of three chapters by Bridgette Sheridan, Teresa Ortiz, and Maxine Rhodes. The third and last section—professional trajectories and intellectual concerns of university female doctors—contains three chapters by Consuelo Flecha, Paulette Meyer, and Michelle DenBeste-Barnett. In addition, a comprehensive bibliography contributes significantly to the book’s usefulness.

The editors’ major achievement is that they have succeeded in integrating in one volume the most representative research lines on the history of women’s knowledge and practices regarding healthcare. The different approaches and the profusion, sometimes disparity, of categories of analysis are witnesses to the richness and pluralism of current research on the subject.

In general, the authors of the essays provide a range of useful and innovative conceptual tools to interpret and reinterpret sources and records. Among the most valuable contributions are the acknowledgement of the role that philological studies have in textual reconstruction and, therefore, in the understanding of women’s textual production and transmission; the concept of textual feminine communities that explains the creation and use of a text by a group of women from different generations; the study of female strategies of learning and transmission of medical knowledge through the ages; the analysis of the notions of power and authority regarding medical knowledge and practice, which enlightens our understanding of the acknowledgement of the authority of women whose healing practice was at the periphery of the legitimated system; the evaluation of the historical lack of acknowledgement of women’s medical practice by male professionals; and the recognition of the relation between women’s medical practice and the body: curing bodies, and curing with the body, etc.

All the eleven chapters of the book are high quality pieces of research. Obviously, as the book articulates different lines of investigation, readers may favour some proposals more than others and, may even have some minor reservations about, or disagreements with, some of the approaches. I find, for example, that the centrality conceded to the pair of opposing concepts public/private in one of the articles narrows somewhat the analysis, since it presents a dual reality where there is little room left for anything else between the spheres of the masculine/public and feminine/private.

Finally, the editors are to be congratulated on the excellence of their translation into Spanish. In my view, the painstakingly accurate translation of contents and concepts is part of the conceptual strategy of the editors and their commitment to the understanding of the historical experience of women. This is evident in the special care that they have taken in rendering apparently neutral English nouns and adjectives into a gender-specific language such as Spanish, managing to avoid the exclusion of the feminine from the discourse, and giving presence to women’s voices.

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José Kany-Turpin (ed.), Jean Fernel, Corpus. Revue de philosophie, no. 41, Corpus des oeuvres de philosophie en langue française, Paris, Centre d’Études d’Histoire de la Philosophie Moderne et Contemporaine, Université Paris X, 2002, pp. 197, €16.00 (paperback, ISSN 0296-8916).

This volume follows the publication of the French translation by Kany-Turpin in 2001 of Jean Fernel’s Physiologie, a translation which first appeared in 1655, almost a century after the death of the author. Up to his death in 1558 and for the rest of the sixteenth century, Fernel was known throughout Europe as a Latin author writing for the medical profession; as such he does not really qualify as a writer of French
philosophy at all, but the patriotic general editors of this series have decided to overlook this fact. His wide dissemination after his death is due to his daughter’s marriage into the Wechel family, who were prominent humanist printers and publishers; when André Wechel fled from Paris to Frankfurt after the St Bartholomew’s day massacre of 1572, the first book he chose to publish with an imperial privilege (in 1574) was his father-in-law’s *Universa medicina*; in the following forty years, at least six editions of this work appeared, together with many others of his dialogue *De abditis rerum causis* and his consultations. In his own lifetime, his *De naturali parte medicinae* (the predecessor of his physiology, which appeared in 1542) had also been published in Venice (in 1548), a rare compliment to a Parisian medical professor in a partisan Northern Italian market. His *De abditis rerum causis* was also much republished after its first appearance in 1548; two articles in this volume (by Hiroshi Hirai and Sylvain Matton) are devoted to aspects of it. He is therefore best seen as a writer of European significance, whose tardy appearance in the French language has little to do with his influence and posterity. The articles in this volume concentrate on a limited number of themes, omitting any discussion of the novel feature of his nosology (he was notorious in his own day for his account of “diseases of the whole substance”, which are mentioned only in passing here), but addressing his quite traditional view of hysteria (Paul Mengal). Vincent Aucante, Danielle Jacquart and Jean Céard all discuss Fernel’s theories of mind and soul. They correctly stress the neoplatonist model which Fernel adopts from Ficino, show his rejection of Avicenna and the Arab tradition, and scrupulously set out his account of faculty psychology, the relationship he postulates between matter and soul through the astral body, and the links established between the superlunary and the sublunary. Céard’s very lucid account of Fernel’s theory of memory claims that is the most elaborate synthesis attempted in the Renaissance; I am not sure that this is true, as there are very full discussions of the same topic in the various contributions to the debate about the immortality of the soul.

Hirai looks at the role of seminaria in Fernel’s writings, which he persuasively links to Ficino; Jacquart discusses his rejection of the Avicennan view of temperament; Robert Poma assesses the role of empirical information as opposed to theory in his physiology.

The best documented study is that of Matton on the reception of his alchemical views as these are equivocally expressed in book two of his dialogue; he supplies a very useful appendix of relevant citations in alchemical texts. It is a pity that not all of the contributors refer (as well as to the French) to Fernel’s Latin text and its terminology, through which he was best known. But for all that, this is a very useful collection of articles which should stimulate more work on this subtle and wide-ranging physician.

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