Helen King, *Midwifery, obstetrics and the rise of gynaecology: the uses of a sixteenth-century compendium*, Women and Gender in the Early Modern World series, Aldershot, Ashgate, 2007, pp. x, 228 illus. £55.00 (hardback 978-0-7546-5396-7).

At the centre of Helen King’s ambitious new work is the *Gynaeciorum libri*; a massive mid-sixteenth-century Latin compendium of texts, both ancient and modern, on the medical treatment of women. Focusing on the reception of the compendium from the sixteenth to the nineteenth century, King uses a number of case studies to tackle issues in the history of gynaecology and midwifery, and the history of the body.

Throughout the study, King focuses on two main research areas. Firstly, she addresses the rise of man-midwifery; both in the significance of the “male takeover” of childbirth and in how man-midwives were able to create a space for themselves within the medical marketplace. Her case studies were thus chosen to represent two “dramatic stages” within this narrative. Secondly, King is interested in medical conceptions of the female body and the understanding of sexual differences. Citing the existence of Hippocratic texts devoted to the female body and the *Gynaeciorum libri* as examples, King argues that there was “intense interest in the diseases of women” in the sixteenth century which stressed the difference of women from men. Classical passages, in particular passages taken from the Hippocratic treatise *Diseases of women*, were used to argue for gynaecology as a separate branch of medicine “on the grounds that there is not one sex, but two” (p. 14). Women’s bodies were seen as wetter than those of men and thus their flesh was of a “softer and more spongy texture”. This, argues King, is not “‘the same’ flesh with different levels of moisture; it is ‘different’ flesh, which is why it responds to moisture in a different way” (p. 12). King’s examination of the *Gynaeciorum libri* demonstrates the importance and reception of these ideas within medical discourse throughout the sixteenth to nineteenth centuries and thus challenges Thomas Laqueur’s narrative of the shift from the “one-sex” to “two-sex” model during the eighteenth century.

King’s study begins with a focus on the owners and readers of the *Gynaeciorum libri*. Starting with close readings of the prefaces to all three editions of the work, she situates the creation of the compendium within each compiler’s own intellectual and personal agendas. From her examination of the annotations and marginalia left by past readers in a number of copies of the compendium, King suggests that early modern readers, mainly medical men, were most interested in the sections of the work which dealt with menstruation and sterility. The remainder of King’s work is centred upon two case studies of particular readers: William Smellie, the eighteenth-century Scottish man-midwife, and James Young Simpson, the nineteenth-century professor of midwifery at the University of Edinburgh. These two case studies highlight King’s central theme—the creation of medical history. Demonstrating how ancient texts and ideas were utilized by later authors and medical practitioners to further their own agenda and arguments, King argues that Smellie and Simpson used past medical writings for their own means. Smellie drew on his readings of the *Gynaeciorum libri* to defend man-midwifery against its critics and to justify the use of forceps in delivery; Simpson used his reading to present ancient and classical precedents for the need to alleviate pain in childbirth and the use of anaesthesia. As a specialist in ancient medicine, King is well placed to trace both origins of early modern medical ideas and to dissect subsequent readings of ancient texts.
Her study highlights how ancient medical ideas were selectively adopted and used for particular purposes by early modern authors, and illustrates well the fruits which examination of the selection criteria and reading process of ancient texts might bear.

While the work showcases King’s exemplary research, the wide scope of both its subject matter and its interdisciplinary methodologies seem to be somewhat bounded by the short length of the book. There were several places where this reader yearned for the additional details and elaborations which were no doubt uncovered by King during her investigations. For example, within the section dealing with annotated copies of the Gynaeciorum libri, King argues that there is a substantive difference between the annotations left by sixteenth- and seventeenth-century readers, and the later ones focusing more on “practical use of the texts rather than scholarly debates within them” (pp. 50–1). She provides short descriptions of a copy annotated by a German physician, Wolfgang Waldung (1554–1621), and a further “heavily annotated” copy associated with R Freeman and John and Thomas Windsor. Fascinated with this comparison and her arguments, this reviewer would have welcomed further details and illustrations of the two types of annotations.

Engaging and well-written, Midwifery, obstetrics and the rise of gynaecology is an important contribution to the field and is an indispensable source for those researching the history of medicine and the history of the body and sexuality.

Elaine Leong,
University of Warwick

Monica H Green, Making women’s medicine masculine: the rise of male authority in pre-modern gynaecology, Oxford University Press, 2008, pp. xx, 409, £65.00 (hardback 978-0-19-921149-4).

At the end of the thirteenth century, a group of physicians had a heated discussion about female physiology. Do women have a seed necessary for generation? as Galen had it; or do they not? as Aristotle claimed, meaning that female pleasure is of little or no consequence for conception. As tempers rose and arguments fused, a woman “who knew and understood Latin” suddenly chimed in. What could men possibly know about such matters, she asked, showing her baby as proof that Aristotle was right. The story, reported by Giles of Rome, a scholastic theologian and author of a treatise on embryology, who allegedly heard it from a famous physician, is not mentioned in Monica Green’s excellent new book, but would seem to exemplify her argument about the implications of gender for medieval women’s medicine.

As signalled by Giles of Rome, the anonymous woman’s literacy in Latin was both exceptional and the prerequisite for her engagement in learned medical debate. It allowed her to claim a specifically female knowledge about women’s bodies. Giles, however, clearly recognized this experience-based competence only because it bolstered his own carefully argued Aristotelian stance.

Monica Green shows that medieval women did practise medicine and surgery, treating both men and women. Their numbers tended, however, to decline at the end of the Middle Ages because of the increasing effectiveness of licensing practices and the growing power of male-controlled guilds. More importantly, since most women, and more women than men, lacked basic reading skills even in the vernacular, they never had equal access to the new medical learning that developed from the twelfth century and that was grounded in texts and theory. Hildegard of Bingen and Trota of Salerno were the exceptions that confirm the rule and they were both only marginally implicated in the new scholastic medicine. Because of medieval conceptions of theoretical learning as intrinsically more valuable than hands-on knowledge, women could never enjoy the same authority as men, even in the field of gynaecology.

Between the twelfth and fifteenth century, men successfully took control of women’s
Medieval sources sometimes hint at social obstacles to the rise of male authority, such as shame on the part of the female patient, or male anxieties about seeing and touching “other men’s women” (but less, significantly, the idea that women are by nature more competent). These barriers were largely obviated by using instruments, or more commonly, female assistants for all procedures that involved touching the female genitalia. By the end of the Middle Ages, the only field over which women had a monopoly was normal childbirth. But midwives were not considered medici, they were only partially professionalized and untouched by the rise of learned medicine. Moreover, in the case of complicated births, women were expected to turn to male physicians for guidance.

To reach these important conclusions, Monica Green has painstakingly studied the content and circulation of medieval texts on women’s medicine. The central sources are some 150 manuscripts (both Latin and vernacular) and early prints of the ‘Trotula’, an ensemble of three texts on gynaecology and cosmetics, complemented by the related, somewhat later tradition of “Women’s secrets”, and chapters on women’s medicine in general medical works. Narrative sources and legal documents are used more sparingly. Green pays particular attention to the ways gynaecological texts were adapted, rearranged, excerpted and translated to serve new purposes. The book is the pinnacle of more than a decade of research, complementing and extending the edition of the Latin ‘Trotula’ Green published in 2001. There, she already argued that “Trotula” is a literary persona who must be distinguished from the historic Trota of Salerno (who wrote a general work on medical treatment). Only one of the texts of the ‘Trotula’ speaks with a distinctly female voice (whether that of Trota herself or not), the other two were written by men. All other medieval texts on gynaecology or obstetrics are male authored, while readers and owners were also overwhelmingly male. Borrowing Brian Stock’s concept of “textual communities”, Monica Green argues that female practitioners and midwives did not constitute specialized audiences for these texts, whether in Latin or the vernacular, unlike male surgeons and physicians, who used them in their everyday practice. Proof of female readership and ownership among the “general public” is extremely scarce.

Non-medical male ownership can sometimes be linked to pastoral duties, but essentially reflects a general increase of interest in generation and female physiology from the later thirteenth century. The fascination with “women’s secrets” and the female body as a site of generation often has a markedly misogynous flavour, but may also be linked to concerns about producing an heir. Green also repeatedly relates the interest in generation to the demographic crises of the fourteenth century, but the fact remains that the upshot of works on fertility precedes the great famines and the Black Death.

In charting periods of marked intellectual investment in women’s health and lack thereof, Green sometimes fails to ask to what extent these evolutions are specific to gynaecological texts, or correspond to more general trends in learned medicine. On the whole, she is, however, very careful in establishing what is gender-specific and what is not. The analysis of signs of male or female authorship in the ‘Trotula’ are among the best parts of the book. The comparisons between surgery (which developed a specialized Latin and vernacular literature early on) and midwifery (which did not), or between the treatment of and attention for predominantly male or typically female conditions (inguinal hernia vs uterine prolapse), are equally cogent. Green acknowledges, and might have highlighted more, that the greatest disparities in health care were between rich and poor, between urban and rural, and not between men and women, and that restrictive licensing practices also targeted illiterate male practitioners.

By deconstructing the myth of Trotula, allegedly the first female professor of medicine, specialized in diseases of women, and by showing that the authority of both
Trota and ‘Trotula’ had already started to be eroded in the later Middle Ages, Monica Green disproves popular ideas of the Middle Ages as a Golden Age for women’s control over their own bodies. Talking about the “rise” of male authority and dating its beginning to the twelfth century, implies that things were different before. Green is rather vague in her assessment of the early Middle Ages, when there was neither licensing, nor a systematized literate medicine. If ever there was a Golden Age, she would seem to place it in Antiquity and Late Antiquity, when midwives formed a professionalized corps with a broad mandate over both obstetrics and gynaecology, valued for their skill but also their literacy. In the West, literate midwives reappear only in the sixteenth century; to find the first texts written by and for midwives one has to wait a century longer.

Maaike van der Lugt,
Université Paris Diderot – Paris 7/
Institut universitaire de France

Guy N A Attewell, Refiguring unani tibb: plural healing in late colonial India, New Perspectives in South Asian History, No. 17, New Delhi, Orient Longman, 2007, pp. xvi, 316, RS 695.00 (hardback 81-250-3017-4).

After the wave of innovation that in the 1980s and 1990s brought empire and colonialism into the history of medicine—and, with that, a wider and consistent use of domination, resistance, dependency, power-knowledge, hegemony, and other concepts—some of us thought that this approach was here to stay for some time. And yet there are already signs of change, with works that challenge what was so neatly finished in the previous models and dig into the complexities, nuances, dissonances and contradictions of the actual processes of healing and curing in history and across cultures. Such is the aim of Refiguring unani tibb: plural healing in late colonial India, in which Guy Attewell brings us close to the complexities involved in what we know as the unani medical system, commonly associated with the Islamic-Arabic medical tradition.

Despite its title, Refiguring unani tibb does not resound with the insubstantial rhetorical play of post-modernism but stands firmly upon the traditional device of solid evidence. The author uses a variety of sources in both manuscript and print, drawing on books, pamphlets, journals, diaries, and biographies, in various languages (including Urdu, Arabic and Persian), and covering periods and regions beyond India’s late colonialism.

Attewell argues that the general understanding of unani medicine as an Islamic-Arabic medical tradition, with Persian and Greek influences, is mostly a product of late colonial classifications which have been re-stated without critical examination virtually ever since. Criticizing both the notion of separate medical “systems” and the paradigms of tradition/modernity, indigenous/colonial, and accommodation/resistance, Attewell emphasizes the dynamics of change, borrowing, and transformation behind the different medical traditions that co-existed and co-produced one another in South Asia. Instead of “systems”, we are offered “streams of knowledge” and associated practices, all of them fluid, flexible, and changeable, and prone to serve identity politics by idealizing a past of pure form.

Although there are distinguishing features that set unani medicine apart from others—like its pervasive humoral pathology, the attempt to restore bodily balances based on opposites, the diagnosis by pulse, urine and stool, the use of decoctions, pills, syrups and preparations, as well as cupping, leeching and venesection—it did not pre-exist as a static system imported from elsewhere nor was there a golden age and place when and where everything was pure and free from other influences. Centuries of practice in South Asia also contributed to the knowledge base of unani tibb.

Attewell makes his points with a few case studies from late colonial India. The first of them interacts with the recently established
sub-field of medical history that addresses epidemics in colonial settings. He analyses the role of unani practitioners (hakim) in different parts of India during the plague epidemic that followed Bombay’s 1896 crisis and shows how the epidemic shaped their professional identity. Rather than a simplified understanding of dissent and resistance of hakims towards the colonial state, we get a picture of complexity in which several instances of authority, knowledge, models of understanding and intervening on disease were at stake.

The second discussion addresses the institutionalization of unani teaching. During the nineteenth century, native medical institutions co-existed with the traditional private and one-to-one forms of learning, sometimes father-to-son. On occasion, the holding of a degree was not enough to become an accepted practitioner: one had also to use some of the family’s knowledge of substances and private prescriptions. The professionalization of hakims persisted without the emergence of a single institutional curriculum for their training.

The next discussion addresses the politics of indigenous medicines in the context of India’s rising nationalism. In the 1910s, the All India Vedic and Unani Tibbi Conference (AIVUTC) promoted a joint front for ayurvedic and unani tibb, both seen as the legitimate medical traditions of India. The very rhetoric of co-operation implied that they were distinct and had separate religious and cultural affiliations; arguments regarding the universal character of the healing endeavour were invoked to suppress the distinctions. In the end, new fractures emerged from the claims of purity and authenticity. Two further discussions deal with the treatment of women and the relationship between hakim and patient.

This work is a must for all those who are interested in knowing more about unani tibb and also for those who want to go beyond the assumptions that narrowly link medical traditions to religious-cultural identities and help to highlight the differences. The evidence and analysis supplied by Attewell prove that reality is far more nuanced and complex.

Cristiana Bastos, Instituto de Ciências Sociais, Universidade de Lisboa

Sarah Hodges, Contraception, colonialism and commerce: birth control in South India, 1920–1940, History of Medicine in Context, Aldershot, Ashgate, 2008, pp. xi, 170, £55.00 (hardback 978-0-7546-3809-4).

Southern India played an important role in the development of gynaecology and obstetrics, both within the subcontinent and within the British empire as a whole. Nineteenth-century Madras was a major centre of expertise in “diseases of women and children”, and well placed to become a hub of the birth control movement in the 1920s and 1930s. Sarah Hodges has written extensively on female medicine in colonial India and has made a particular study of its development in the south. Here she examines the different factors surrounding the promotion of birth control within the biopolitical context of an imperial government whose days were numbered, and the growing confidence and assertiveness of the Indian nationalist movement.

The issue of birth and birthing was of symbolic importance in colonial India, partly because of British distaste for traditional birthing methods and partly because of nationalist rhetoric surrounding “Mother India”. However, a Mother was glorified in the number and strength of her sons, so this did not necessarily translate into enthusiasm for birth control. Gandhi was a staunch opponent of birth control, with all its connotations of western scientific interference and its obvious eugenicist agenda. However, concern about overpopulation coupled with an appreciation of the worldwide impact of the work of Marie Stopes led various voluntary groups in India to promote birth control enthusiastically. By the 1930s Indian newspapers carried whole
Hodges has focused on two of the most important of these groups. The Madras Neo-Malthusian League was made up of prominent businessmen, largely from the Brahmin community, working to an essentially paternalist agenda (like many of these movements it was almost exclusively male): it wanted to link India to the worldwide Stopesian movement and saw contraception as a way of reducing India’s population of fecklessly breeding poor. The League poured out pamphlets and posters to little discernable effect: it was pointed out acidly by one critic that, since one of its founders had no children and another thirteen, they clearly either knew nothing of birth or nothing of control.

More radical was the Self-Respect movement, which swept through the south in the 1930s and 1940s. This was a political and cultural movement which sought to galvanize the Tamil population—not least through using the Tamil language—into a strong sense of their separate and personal identity. It was particularly aimed against domination by the Brahmins; there seemed little point in removing relatively remote British control only to replace it with much closer and tighter Brahmin control. The Self-Respect movement held its meetings in the open air and, unlike the Neo-Malthusians, it welcomed women to its ranks. Contraception was not to be women’s way of contributing responsibly to the new nation, but a means of personal emancipation, to break the hold of the traditional maternal role forced on them by India’s hierarchical society. In many ways, the Self-Respect movement foreshadowed feminist enthusiasm for the Pill in the 1960s, with a similarly broad agenda of personal and collective liberation.

These are important stories, of relevance well beyond the confines of colonial medical history, and Professor Hodges tells them with characteristic and infectious enthusiasm. She shows that the nexus between nationalism, colonialism and control of the birthing process is much more nuanced than the traditional Foucaultian model of the colonized body allows for and, in a pleasing coda to the book, she addresses the popular cliché of Indian over-population, not perhaps to destroy it but certainly to point out its oversimplifications. This is a handsomely produced volume which advances our knowledge and understanding of an important area not just of colonial biopolitics, but of the interplay between birth and politics itself.

Seán Lang,
Anglia Ruskin University

Mark Jackson (ed.), Health and the modern home, Routledge Studies in the Social History of Medicine, No. 31, New York and Abingdon, Routledge, 2007, pp. ix, 339, £60.00 (hardback 978-0-415-95610-9).

This substantial and excellently edited collection of essays faces up to some of the big variables in contemporary and recent social and medical history—home, environment, modernity, health. In his introduction, Mark Jackson admits that the volume is only a preliminary beating of the bounds rather than a definitive map of an area that still borders on terra incognita. Pondering these essays, a reader may conclude that, in addition to being a foreign country, the past becomes ever odder and more alien when it lies so chronologically close to hand. Older subscribers to Medical History will come across essays—by John Stewart on child guidance, Sarah Hayes on maladjustment, and Ali Haggett, Jo Gill and Rhodri Hayward on women’s “suburban neurosis”—that summon up yesterday’s yellowing headlines and ways of conceptualizing social problems. Most of these are now as antique as the First Crusade.

A more committed engagement with transnational comparisons and a wider sampling of the ways in which the home has been sociologically theorized and conceptualized during the last thirty years would have strengthened the volume. Ruth Schwartz Cowan, so perceptive and predictive
in her analysis of the twentieth-century ideal and anxiety-laden American home, makes a brief appearance. But nothing is said about Jurgen Habermas’s infuriatingly flawed, deeply suggestive and massively discussed work on the private and public spheres. Europe looms small in this collection and that reduces its impact.

The USA, on the other hand, is heavily featured. Jo Gill bases her arguments on a close reading of Anne Sexton—exhilarating to come across a major twentieth-century poet in a collection on socio-medical history. The ever reliable and incisive Nancy Tomes examines the kinds of advertising that accounted for the presence of so many “skeletons in the cupboard” in inter-war American homes. Gregg Mitman provides a titillating flyer for his recent and brilliant monograph on the history of asthma and allergies. (In their contributions, Mark Jackson and John Welshman do the same for their excellent surveys of allergy and social science, housing and transmitted deprivation respectively.) The British-based Matthew Smith probes the now long forgotten Feingold diet and its inventor’s best-selling Why your child is hyperactive—more yellowing headlines loom into consciousness. Smith ventures that Feingold’s idea may soon come lumbering back into fashion. This is an excellent essay on an important theme.

Some of these essays pinpoint significant similarities between experience and practice in America and the UK. However, in his synoptic survey of child guidance, John Stewart detects British social workers predictably shying away from psychiatric theory. Stewart also notes that, “not for the first time in British welfare history, the child slipped from view, to be replaced by an attitude that ... ‘blamed’ parents for children’s mental or emotional ‘ill-health’” (p. 123). Unlikely stirrings of R D Laing avant la lettre? Several essays focus on social workers, psychiatric social workers and other newly self-confident state-driven, progressive professionals, and sub-professionals ever more assuredly breaching the defences of middle-class suburban privacy. But too little is said about working-class experiences. (Welshman is an exemplary exception.) Laudably, several of the contributions challenge social-historical orthodoxy—Hayward excellently summarizes heavily documented recent scholarly interpretations of housewives’ alienation and ennui on post-war housing estates that have echoed and reinforced rather than interrogated contemporary headlines. Health and the modern home would not have been written fifteen years ago, when medical and social and cultural historians ploughed their own deep, separate and lonely furrows.

Three articles fall into the domain of environmental history and each makes intriguing connections between the home and the world outside. Confirming his position as our leading chronicler of atmospheric pollution, Stephen Mosely extends his narrative up to 1945 and detects continuing attachment to the cosiness of the domestic hearth. (Would it ever end?) Catherine Mills presents a well documented account of differential response to the Clean Air Act of 1956 and dots the i’s and crosses the t’s of Peter Thorsheim’s recent and impressive history of air pollution in nineteenth- and twentieth-century Britain. Focusing on childhood lead poisoning, the ever-reliable John Burnham tells a compelling tale and, together with Gregg Mitman, Michelle Murphy and Christopher Sellers, points to the “‘multitudinous exposures permeating our modern world’” (p. 298). This is a succinct and subtly theorized piece of work, which locates detail within a determinedly comparative framework.

Finally, in the best essay in the volume, Michael Clark draws on theatrical and cinematic sources to examine marital breakdown in a dysfunctional upper-middle class family in the 1920s. Clemence Dane’s A bill of divorcement is rarely mentioned in the early twenty-first century. But between the early 1920s and 1940 it was a London stage smash that was filmed and refilmed in Britain and Hollywood. Clark uses Dane’s text and ideas to show that there were few grounds “for
optimism about the effects of modernity on the health and happiness of young middle-class British women and their homes and families” (p. 36). As Jo Gill notes, a generation later the American confessional poet Anne Sexton would write: “I am actually a ‘suburban housewife’ only I write poems and am sometimes a little crazy” (p. 63). There is much more to be said about this topic and several of the others in Mark Jackson’s collection.

**Bill Luckin**
Centre for the History of Science, Technology and Medicine, University of Manchester

**Klaus Bergdolt,** *Wellbeing: a cultural history of healthy living*, transl. Jane Dewhurst, Cambridge, Polity Press, 2009, pp. ix, 366, £60.00, (hardback 978-0-7456-2913-1), £18.99 (paperback 978-0-7456-2914-8).

Klaus Bergdolt’s masterly contribution to the bibliography of health has been a long time coming, but is no less welcome for that. Readers will perhaps be startled to see warm words of praise from the late Roy Porter on the back cover, which apparently derive from a translation originally completed in 1999 when the first German edition appeared. Porter suggested that Bergdolt’s text would be “central” to the enterprise of reconstructing the history of health care, which “traditionally constituted the mainstream of medicine”. Bibliographic work on the genre of health care regimes has been painfully slow since its first beginnings in the social history of medicine in the 1970s. This is mainly because interest in “medicine from below” quickly switched to integrated empirical local studies which made bibliographic research look old-fashioned and detached from the wider world. As a result we still have very little idea of the numbers of these health-books in circulation in different periods and places, let alone their titles, authors, editions, content and sub-genres. What Bergdolt has undertaken here for German health bibliography has yet to be done with the genre in (for example) Italy, France, Britain, the USA—or indeed Hungary, Russia, India, China or anywhere else. There is a lot of number-crunching and archive-combing waiting to be done by future research students. However *Wellbeing* is not that sort of quantitative bibliographic history.

*Wellbeing* is a traditional literary study which takes us carefully through all the major and many of the minor authors of European health history in chronological order. Bergdolt is particularly strong on the classical and Renaissance texts, and on German texts at least up to c.1900, providing a useful introduction to the vast German health archives, and to the work of modern German scholars such as Heinrich Schipperges and Gundolf Keil. Each primary source cited (roughly 600 of them) is conscientiously described and analysed, and the book is lively and well written. Moreover, Bergdolt has attempted some sort of comparative European survey. Italy is well covered, although the shorter sections on the English and French traditions are less assured. American health bibliography is not mentioned. At least half the book covers the earliest definitions of health from the pre-Socratics to the Renaissance. It describes how “health” emerged from a combination of early Greek science and moral philosophy, and developed as a mature professional art during the Roman empire. Bergdolt illuminates the health regimen of the medieval period through deft biographical sketches of key authors from the early Islamic and Christian empires, when religion was heavily involved in promoting Galenic science. New printing techniques combined with sixteenth-century Humanism and Paracelsian doctrines created a flood of popular health literature, ranging from published self-help manuals and herbals, to individual house-books (receipt books) and detailed diaries of self-experimentation in health care. Many fascinating themes and details emerge—such as the influence of Petrarch, the history of utopias, and the history of scholarly health. These first five chapters in particular will set a benchmark in health studies.
The rest of the book deals with the long Enlightenment from the seventeenth to the nineteenth century, and grapples with the effects of Cartesian mechanics and Kantean vitalism. The relationship between religion and science is a difficult area at best, and here in the more complex modern era the underlying limitations of Bergdolt’s literary approach are exposed. The religious and scientific history of these later periods is underwritten, and (in the case of British history at least) rather ill-informed. The lack of any underlying structural analysis derived from politics, economics, demography, religion or science, means that his commentary throughout is relentlessly “linear” and repetitive. Despite all the biographical details the central concept of health is not rigorously unpacked, nor organized, to help the reader. The hygienic non-naturals, in particular, are a constant in this literature for over two thousand years. Lumping them together as “dietetics” is not enough—this notably fails to capture the changing therapeutic balances within the regimen genre. Thus there is no clear interpretation of the interlinked currents of German, English, and American Protestant health radicalism that fundamentally altered the politics of hygiene from the seventeenth century onwards. If there had been, Bergdolt would surely not have been satisfied at stopping with Nietzsche (as he does) just before the late-nineteenth- and twentieth-century hygienic Life Reform movements.

It would be unfair to criticize Bergdolt for not recognizing the Anglo-Saxon “model” of health history when one of the pleasures of this book is being introduced to the German sources, and seeing health history from the German perspective. Bergdolt has achieved an heroic internal synthesis of the health genre, loosely linked with elements of social history. But modern cultural history it is not.

Virginia Smith,
London School of Hygiene and Tropical Medicine
break-down of the percentages of publications in the field by women. A chapter which calls for the greater use of visual and oral sources in the history of medicine is followed by a final chapter discussing how the history of medicine is taught in Spain, reflecting on the importance of teaching it in ways that are not androcentric.

Ortiz Gómez’s knowledge of feminist historiography, which she discusses in the first and second part of her book, is vast and illuminating. She integrates her analysis of this historiography in Spain with wide knowledge of the trends in feminist writing in Anglo-American, and to an extent, Italian and French historiography. The book thus provides a very interesting new dimension to readers more familiar with the Anglo-American context of debate. However, for those readers it might have been interesting to see a greater exploration of any differences in trends. Did, for instance, the introduction of gender as a category of analysis generate similarly heated controversies amongst feminist historians as it did in the US and Britain, and for comparable reasons? What about the linguistic turn? Furthermore, does the fact that in Spain, unlike in the UK or the US, most historians of medicine, like the author herself, are first trained in medicine and then specialize in medical history have any impact on the themes and theoretical approaches favoured by medical historians? Ortiz Gómez does not give answers to these questions, but her book is none the less a fascinating and highly instructive read for anyone who wants to find out more about the confluence of women’s, gender, and medical history in Spain.

Katharina Rowold, London Metropolitan University

Sayantani DasGupta and Marsha Hurst (eds), Stories of illness and healing: women write their bodies, Literature and Medicine, No. 10, Kent, OH, Kent State University Press, 2007, pp. xiv, 329, $37.95 (paperback 978-0-87338-916-7).

Checking into the American hospital the evening before her elective hysterectomy (for benign fibroids), Lynne Schwartz is invited by her gynaecologist “for a chat”. The topic of oophorectomy is raised, not for the first time, despite pre-menopausal Schwartz’s reluctance to part with her ovaries. “Ovarian cancer strikes one in a hundred women in your age group,” begins the surgeon, and then, on cue, in shuffles a pregnant woman in a hospital gown and paper slippers—beautiful olive-skinned face with high cheekbones and bony arms and legs. To Schwartz, the woman “seems somewhat old to be pregnant, around forty-five.” After she shuffles away, the surgeon tells Schwartz that the woman has ovarian cancer. Scared witless, Schwartz relinquishes her ovaries. This is one of the most sickening medical narratives I have ever read but it also rang bells because at the age of thirty-five I was offered a similar “prophylactic” procedure in a London hospital.

Stories of illness and healing is both a textbook—the editors teach health advocacy to masters students working in health care disciplines—and a literary anthology of illness experiences from over fifty women of varying backgrounds including academics, carers, novelists, nurses, midwives, musicians, parents, physicians, poets, prisoners, psychoanalysts and students. The formats are equally heterogeneous, encompassing poetry, essays, performance scripts, transcriptions of oral testimonies and short stories. The writing is extremely compelling. Whilst most authors are from the US and Canada, there are notable contributions from Europe, Asia and Australia. It is divided into seven sections: Body and self—the experience of illness; Diagnosis and treatment—relationships to the medical community; Womanhood—social constructions of body, sexuality and reproduction; Family life and caregiving; Professional life and illness; Advocacy—from the personal to the political; Advocacy—activism, education and political change. As a collective voice, this book is very powerful and reinforces my long-held belief
that culture, ethnicity, class and education make not a jot of difference to the way in which individuals experience or deal with illness, nor to ways in which interactions with friends, family and health care providers are played out. By and large, health professionals do not emerge smelling of roses. Even medical professionals, floored by illness, write of “going over to the other (i.e. patient) side” as if defection is a treasonable offence. A physician, diagnosed with MS as a medical student, has chosen to remain anonymous, which the editors read as speaking “to the professional pressure that health care providers feel to be well and define themselves as other than their patients”.

The selection of narratives is extremely diverse so that it will be difficult for any reader not to engage as an “empathetic witness” or, sometimes against the intellectual will, to be drawn in to a judgemental role. It is difficult, for example, to remain objective about Molly—the blind, premature, severely brain damaged and physically fragile child, whose mother fights to have her continually resuscitated; or Flora—twenty-five-weeks pregnant, drug addict, ex-con, whose waters broke a week past due to a uterine infection, unsure whether her baby is still moving. The point about a book like this and, indeed, about “Writing the Medical Experience” courses is that they challenge our prejudices and preconceptions, invite us to cross the health/sickness/moral divide, and ultimately to acknowledge—even if it is impossible to imagine—the unbearably ominous text-disrupting language of suffering.

This is an important and accessible book. Historians, particularly those interested in oral testimony, will gain valuable insight into how people deal, not just with illness but with the cultural, social and medical baggage that we inherit as part of the history of the human condition.

Carole Reeves,
The Wellcome Trust Centre for the History of Medicine at UCL

Angus McLaren, Impotence: a cultural history, Chicago and London, University of Chicago Press, 2007, pp. xvii, 332, £19.00, $30.00 (hardback 978-0-226-50076-8).

Angus McLaren’s many contributions to the history of sexuality are known for their rigour and their attention to historiographical trends. From studies of contraception, sexually-motivated murder, cross-dressing, and even an overview of twentieth-century sexuality, his work has given us nuanced readings of complex archival and published sources. In Impotence, McLaren extends his historical gaze beyond his usual period of the nineteenth and twentieth centuries, giving an overview of western sexuality since the Greeks by focusing upon male sexual dysfunction. Many of the same problems that are found in similar works (for example, those by Thomas Laqueur) are present in McLaren’s book.

Starting with the ancients, McLaren shows us how convoluted social and medical concerns with male sexual performance were. This situation is complicated further by representations of impotence in drama and poetry. Many of the same themes are found in the chapter on Christian writings through the middle ages, with a religious spin placed on impotence, and with witchcraft blamed for causing sexual failure. Evidence for changes in the (often humorous) perceptions of impotence are found also in medieval drama and literature. Conceptions of impotence from the seventeenth century onwards shifted towards a reliance on science, bolstered by changes in theories of generation promulgated by doctors such as Hieronymus Fabricius, William Harvey, and Regnier de Graaf. In these chapters, McLaren owes a considerable debt to the historians and literary scholars who have combed through an extensive array of material to do with (male) sexuality. This work is synthesized into a readable narrative that showcases McLaren’s vast erudition in the history of sexuality.

The bulk of McLaren’s book concentrates on the nineteenth and especially the twentieth century. This is entirely reasonable, as the
modern period has problematized sexuality in innovative ways, in part as a result of a scientific interest in sex, but also as western society increasingly broke away from the shackles of Christianity and began to speak confidently about sex from a wider variety of perspectives than possible within the Christian canon. This task began with attention to sexually transmitted diseases and masturbation, although it included many related syndromes associated with the “crisis in masculinity”, of which impotence is a part. Important in this respect is neurasthenia. Given that McLaren relies heavily on certain Victorian doctors who gave sex advice, and later focuses closely upon the works of the sexologists Alfred Kinsey and (especially) William Masters and Virginia Johnson, it is surprising that more attention was not given to other nineteenth-century sexologists. Havelock Ellis, Richard von Krafft-Ebing, Alfred Binet, and Albert Moll are mentioned only in passing, despite the fact that they contributed much of the groundwork to understanding impotence psychologically that was later picked up by the psychoanalysts. The work of organotherapists and other surgeons dealing with male sexual dysfunction (Eugen Steinach, Norman Haire, etc.) is rightly prominent. Likewise, American post-Second World War sexologists are allocated much space, as are recent developments like Viagra and other pharmaceuticals designed to treat impotence. It is laudable that throughout his book McLaren does not focus on impotence in isolation, but places the condition in relation to other writing about sexuality (male and female), reproduction, and broader conceptions of masculinity.

Given McLaren’s vast historical scope, it is unsurprising that the book’s historiographical apparatus is underdeveloped (a typical problem of cultural histories of this type, jumping from epoch to epoch and field to field, all contained in a slick narrative). While it is clear from this book that changes in conceptions of impotence took place, the mechanisms for such changes are not fully addressed. The medical sources relied upon are broadly removed from their intellectual contexts and practices, with only quotations pertaining to impotence cited. The “surfaces” of these discourses are read, not their “formation” (to refer to Foucault). The material herein offers the possibility for a much more developed statement about the interrelation of discursive fields and the historical dynamics of knowledge, the production(s) of impotent subjects, points of resistance that such power makes possible for these subjects, a detailed analysis of the ways science and medicine have variously defined norms and pathologies of masculinity, etc. Much too could have been said about the everyday experience of impotence—especially in this Viagra age which often draws upon the experiences of users, showing more how sexual subjectivities are formed in relation to medical discourses. McLaren is aware of these historiographical issues: he calls this a “constructionist history”, written as a Foucauldian genealogy (pp. xii-xiii). But the issues needing to be addressed in order to produce such a history are subsumed in the text, which results in a fairly limp genealogy of modern sexual dysfunction. What we do have, however, is a good introduction to an important problem in the history of sexuality, examined against a rich backdrop of other sexual problems. It will be a useful book for teaching, but it does not offer the satisfactory theoretical meta-narrative that such cultural histories need.

Ivan Crozier,
University of Edinburgh

Peter J Atkins, Peter Lummel and Derek J Oddy (eds), Food and the city in Europe since 1800, Aldershot and Burlington, VT, Ashgate, 2007, pp. xvi, 260, £55.00, $99.95 (hardback 978-0-7546-4989-2)

This volume results from a symposium organized under the auspices of the International Commission for Research into European Food History. It brings together
scholarship from a range of disciplinary perspectives to consider how the development of major conurbations impacted on the supply and distribution of foodstuffs, and how the state, municipal authorities and individual citizens adapted to the challenges that arose from these changes. The essays are divided into four main sections: feeding the multitude, food regulation, food innovations—the product perspective and eating fashions—and the consumer perspective. Each section contains essays on a range of cities and/or national contexts, but these rarely facilitate direct comparisons because their precise themes and chronological coverage are not directly matched. The first section, for example, takes in London and Paris during the 1850s, Berlin at the fin-de-siècle and in the aftermath of the Second World War, and Barcelona between 1870 and 1935. Collectively these essays explore the development of modern production, processing and retailing systems in their different contexts and their impact on food availability. Jürgen Schmidt’s contribution on Berlin in the aftermath of the Second World War offers a fresh perspective by drawing attention away from the construction of urban food systems towards their fragility in times of crisis. He shows how official allocations were supplemented by the individual actions of consumers and how the ability of the Allies to feed the citizens during the blockade ensured support for democracy and liberalism.

The second section on food regulation is perhaps the most coherent. Here essays on Brussels, London, Paris, and German cities focus attention on the development, from the second half of the nineteenth century, of systematic monitoring systems that drew on the expertise of chemists. Frequent tensions between central and local authorities in implementing legislation, and between the authorities and consumers who exerted pressure for reforms that favoured their interests above those of producers are revealed.

Section three contains a number of strong essays, including two that address the topic of food supply under communist regimes. Jukka Gronow offers important insights into the symbolic roles of restaurants and luxury food stores in Stalinist Moscow during the 1930s. These represented the bright future of socialism, open to the common people. They also suggested a future of abundance that placed pressures on officials to deliver and led to scapegoating when they failed. The significance of changing political priorities in shaping the food distribution network of Prague between 1950 and 1970, are assessed by Martin Franc. Initially the supply of food to the city’s working population was key, but gradually the emphasis shifted to the development of the city centre, a major tourist destination. Preferential food supplies to shops in this district were intended to present an impressive shop window to foreign visitors, so that the area, which contained only 7.7 per cent of the city’s population accounted for 22.8 per cent of food sales.

The final section includes a disparate collection of contributions on the symbolic nature of the public dinners eaten by Berlin scientists, dietary reform in late-nineteenth-century Europe, social and cultural perspectives on food habits in Oslo, and the recent development of food markets in Bordeaux. Collectively, the papers draw attention to a range of factors that interacted to influence and change eating habits and the ways in which these played out in different urban and national contexts. Their diversity draws attention to a range of topics that would merit further, more systematic, comparative research. Indeed, as the editors indicate in their conclusion, the volume as a whole suggests that there is much to be gained by adopting such a research agenda, as their section on food regulation demonstrates. Elsewhere matched pairs of essays begin to do this, but, overall, this collection does more to indicate where fruitful opportunities for future comparative research might lie than it does to present the results of such projects.

Sally M Horrocks,
University of Leicester

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Susan Gross Solomon, Lion Murard and Patrick Zylberman (eds), *Shifting boundaries of public health: Europe in the twentieth century*, Rochester Studies in Medical History, vol. 12, Rochester, NY, University of Rochester Press, 2008, pp. viii, 338, £50.00, $90.00 (hardback 978-1-58046-283-9).

This volume is a collection of ten papers written by eminent scholars within the field of public health history. Through the introduction’s analysis of twentieth-century public health historiography, the editors present the book’s agenda as an investigation into “the shifting boundaries between [the international, national and local] levels in the making of policy, the design of structures and instruments, and the refinement of expertise in European public health” (p. vii). These “levels” may be geographical or administrative. However, they also refer to the “porous boundaries” between government and private agencies, as well as those separating knowledge claims of a general, global validity from those referring to the health challenges of a local setting—e.g., a particular field, a social group, or an individual state. Interestingly, several papers address fluctuations and changes in the meaning of the basic concepts “international”, “national” and “local” in relation to health policy throughout the century.

The papers are organized into four parts: in the first part, ‘Place as politics’, papers by Peter Baldwin and Dorothy Porter discuss collective and individual responsibilities in the light of recent debates on preventive health care. Baldwin analyses the diverging strategies chosen by democratic societies during the early phase of the AIDS epidemic, as a transmittable disease caused “in some measure by our own voluntary habits” (p. 29). The second part, ‘Carving out the international’, includes papers by Paul Weindling and Iris Borowy on the internationalization of public health in the interwar period, as well as a paper by James A Gillespie on post-war international agencies in the field. Here, the “shifting borders” move between the international and the local, as well as between the different American agencies of philanthropic support and their benefactors (Weindling), between the League of Nations Health Organization’s lack of operational space during the Second World War and the manoeuvres preserving some of its key features in the World Health Organization (Borowy); and between sets of meaning attached to the concept of international health (Gillespie). In the third part, ‘Preserving the local’, papers by Lion Murard, Sabine Schleiermacher and Graham Mooney further elaborate on how “the local” has been intimately connected to both national and international levels. Schleiermacher’s comparison on health polices in the occupation zones of post-war Germany presents an intriguing story of continuation and discontinuities of past policies. In the last part, ‘Navigating between international and local’, Susan Gross Solomon delivers a strong paper, comparing strategies for cross-border “fact-finding” by Soviet and American public health experts in the inter-war period. Patrick Zylberman elaborates on malaria prevention in southern Europe, arguing that “American malariology was profoundly different from social malariology of a European ilk” (p. 269).

Most papers appear to be based on original research, quoting contemporary printed sources as well as archival documents. The book gives no pretence to be a general reader of European public health history, with the slight exception of its sub-title. Rather, this can be seen as a collection of papers with a shared agenda to investigate a range of “border-crossings”. Seven out of the ten papers concentrate on the years 1920 to 1950. As all the four parts contain papers addressing the local or individual as opposed to more general entities, the organization of papers may appear somewhat random. Therefore, it is unfortunate that even obvious connections and explicit contrasts between papers are not discussed, or, at least, noted in cross-references. For example, Weindling and Murard present quite diverging interpretations...
on the basis of a similar range of sources, but are placed in different parts of the book. As the contributions, in general, follow up the aim of investigating the “shifting boundaries” and not the “shifting manifestations” of public health, the collection presents itself as a consistent whole. Combined with the thought-provoking introduction and the excellent quality of several papers, this makes the book a valuable contribution both to public health history, and to the history of “shifting boundaries” within other knowledge and policy fields.

Erik Ingebrigtsen, Norwegian University of Science and Technology, Trondheim

Engin F Isin and Greg M Nielsen (eds), Acts of citizenship, London and New York, Zed Books, 2008, pp. xii, 308, £70.00, $126.00 (hardback 978-1-84277-951-4), £18.99, $34.00 (paperback 978-1-84277-952-1).

Since the 1980s, citizenship in many Western democracies has become, throughout the political spectrum, a fashionable concept to articulate dissatisfaction with specific developments in society as well as to put forward solutions. Several social and political issues have been articulated in terms of citizenship: the crisis of the welfare state; the consequences of individualization and economic liberalization, especially the presumed loss of social cohesion and the growing social divide between well-off and deprived groups; mass immigration and growing cultural and ethnic diversity; increasing voter apathy and the declining trust in parliamentary democracy; the demise of communism; and European unification, and globalization. Discussion focuses on the (supposedly disturbed) balance between rights and obligations. Various solutions are proposed, but they all tend towards a revitalization of civic virtues. Neo-liberals, neo-conservatives, and communitarians, as well as political theorists and commentators have argued that civic, political and social rights have largely been materialized as passive entitlements while the other side of democratic citizenship has been neglected: the capacity and willingness actively to participate in public life and take on social responsibilities. The highly politicized manner in which citizenship has been raised as an urgent public issue is for a large part entwined with a (rightist) rejection of the cultural and political legacy of the liberation movements in the 1960s and 1970s.

This collection of essays is part of the contemporary discussion on citizenship, but at the same time it is an attempt to criticize and surpass it, as the general introductory chapters by Engin Isin, Melanie White and Bettina Bergo make clear. They question current notions of citizenship as a formal and enduring legal and political status within the boundaries of representative democracy and the (nation) state. Advancing the concept of “acts of citizenship”, they shift the emphasis to active, creative and innovative deeds, concrete practices of individual and collective engagement, which rupture the normality of everyday life, challenge the existing social and political order, and also cross the boundaries of states and nations. In this—undeniably leftist—view, the latter substantive form of citizenship is in fact the condition which gives individuals the possibility to constitute themselves as true democratic citizens, who, as activist and recalcitrant agents, demand to be heard in public and who may provoke public dialogues on a wide range of issues. This approach of citizenship implies an argument in favour of diversity and reflexivity, that is, of a consideration of the world from different viewpoints as opposed to a one-dimensional perspective. Bryan Turner, Peter Nyers, and William Walters discuss the significance of such diversity and reflexivity with respect to global migration, increasing cultural pluralism, and the salience of ethnic identity and (Muslim) religion in the public sphere. The chapters by Fred Evans, Greg Nielsen, and Kieran Bonner throw light on the
role of “acts of citizenship” in dealing with problems in cosmopolitan urban environments, such as increasing social inequalities, consumerism, individualization and decreasing commitment to the common good. Yon Hsu employs the concept of “act of citizenship” in her analysis of the heroic efforts of the so-called Tank Man to stop the tanks of the Chinese army from crushing the students’ protests on Tiananmen Square in 1989.

The names of such divergent thinkers as Henri Bergson, Gilles Deleuze, Adolf Reinach, Martin Heidegger, Mikhail Bakhtin, Jacques Lacan, Georg Simmel, Hannah Arendt, Emmanuel Levinas, Jacques Derrida, and Judith Butler as well as numerous quotes from their work fly from the pages of this book. However, all too often such theoretical excursions, whereby some authors again and again fall into the hollowness of post-modern word-play, impede the readability of several chapters and obscure rather than clarify our understanding of “acts of citizenship”. Instead of these inflated philosophical digressions, in which the distinction between “is” and “ought” frequently tends to become blurred, I would have preferred a more empirical, especially historical underpinning of the—as yet not very clearly delineated—idea of “acts of citizenship”. The authors suggest that their viewpoint is innovative and that “acts of citizenship” are recent phenomena. However, I doubt whether their line of approach is as original as they claim. Apart from Brian Singer’s valuable contribution on Tocqueville’s reflections upon the special characteristics of American democratic citizenship, historical context is wanting in this volume. However, we can learn from history that from the late eighteenth century, civil liberties and the right of political participation were secured by active citizens, often against governments. The enjoyment as well as the expansion of democratic citizenship—with respect to the number and range of legal, political and social rights as well as the number and range of people who were entitled to them—was again and again realized through political activism and struggle. Full and equal political citizenship was the outcome of the struggles of the labour and feminist movements, while the social and cultural obstacles blocking the realization of citizenship for other disadvantaged groups—women, youths, ethnic minorities, homosexuals, patients, the handicapped and the mentally ill—were tackled by the various emancipation movements that emerged from the 1960s. Non-democratic organization of power in several semi-public institutions and the private sphere, including health care, were questioned and politicized. All this involved “acts of citizenship”, but, curiously, this recent history is completely ignored in Acts of citizenship.

Harry Oosterhuis,
Maastricht University

Ulf Schmidt and Andreas Frewer (eds), History and theory of human experimentation: the Declaration of Helsinki and modern medical ethics, History and Philosophy of Medicine, vol. 2, Stuttgart, Franz Steiner, 2007, pp. 370, €54.00 (hardback, 978-3-515-08862-6).

Although the Declaration of Helsinki (1964) of the World Medical Association (WMA) is internationally recognized as a code of ethics for medical research on human subjects, its origins and the circumstances of its various revisions (Tokyo 1975, Venice 1983, Hong Kong 1989, Somerset West 1996, Edinburgh 2000, Seoul 2008) have received relatively little historical attention. The present volume therefore constitutes a welcome addition to the literature on this important “living document”.

Several contributions to this volume provide historical background, especially Ulf Schmidt’s essay on the Nuremberg Doctors’ Trial and the Nuremberg Code as the most influential precursor document for the principles contained in the Helsinki Declaration, or discuss from various
perspectives the issues that have shaped the different versions of the WMA document. Compared with the stringency of the rules for voluntary informed consent and the strength of the protection for human subjects in the Nuremberg Code (1947), the Declaration of Helsinki reflected the start of a “watering down process”, as the editors observe (p. 15), which has made allowances for the practical needs of medical researchers and which has continued to the present day. As Susan Lederer’s discussion of the origins of the 1964 version makes clear, American pharmaceutical interests and financial power prevailed over attempts within the WMA to ban experimentation on children in institutions and on so-called captive subjects (inmates of mental asylums, prisons and reformatories). These groups of human subjects were too important for the testing of new vaccines and for drug development.

While the insertion of the requirement for independent review of research projects through ethics committees in the Tokyo version of 1975 (discussed by one of its authors, Povl Riis) could be seen as a step that increased safeguards for subjects, the controversies surrounding the Declaration’s revision in 2000 illustrated again the conflicts between research interests and wishes to strengthen protections for vulnerable subjects. The debates about the key issues then, the use of placebo controls even when a standard therapy exists for comparison, and the guaranteeing of post-trial access of the participants to the best treatment identified by the study, are analysed from different viewpoints. Kati Myllymäki, as a member of the WMA’s committee of “three wise women” in charge of this revision, provides an insider’s recollections; Robert Carlson, Kenneth Boyd and David Webb examine the complex process of re-drafting the Declaration in 2000 through the relevant archive materials of the WMA; and David Willcox reviews the comments in the medical and general press that accompanied this revision process. Although I found these essays the most interesting in this collection, I missed a more thorough ethical and historical discussion of the relevant trials in developing countries that formed the background to these debates and of the attempts, since then, to provide guidelines for human subject research in those countries, such as the report of the relevant Working Party of the Nuffield Council on Bioethics in 2002. One might also wish for a clearer assessment of the intentions and effects of the WMA’s Notes of Clarification on the Declaration’s controversial paragraphs 29 (placebos) and 30 (post-trial access), that were issued in 2002 and 2004, respectively.

On the other hand, readers interested in the legal and ethical significance of the Helsinki Declaration are well served by Dominique Sprumont, Sara Girardin and Trudo Lemmens’ discussion of how its principles have influenced United States, Canadian, European Union, Swiss, German, French, and UK legislation (tellingly, most legal references are made to the 1996 rather than the controversial 2000 version of the Declaration), and by Ulrich Tröhler’s documentation of the plethora of bioethics codes, including codes on human experimentation, that have been issued since the 1980s. Moreover, contributions by Ulf Schmidt (on the nerve gas experiments at Porton Down in the 1950s) and by Andreas Frewer (referring to his research on forced labourers at the Göttingen university clinics during National Socialism) remind us of the important practical dimensions, in the form of facilitating compensation claims of victims, that historical research in this area may have.

An appendix including an English translation of the German Reich Guidelines for New Therapy and Human Experimentation of 1931 and reprints of the Nuremberg Code (1947), of the 1964, 1975 and 2000/2004 versions of the Helsinki Declaration and of the 1997 Council of Europe Convention on Human Rights and Biomedicine further enhances the usefulness of this volume.

Andreas-Holger Maehle,
Durham University
Wolfgang Uwe Eckart and Robert Jütte, *Medizingeschichte. Eine Einführung*, Cologne, Böhlau Verlag, 2007, pp. 378, €19.90 (paperback 978-3-8252-2903-0).

For many years, German students of medicine have relied on Wolfgang Uwe Eckart’s *Geschichte der Medizin* (Springer, 1988) concisely and successfully to steer them through the obligatory history of medicine course that is part of the medical curriculum. The present book, written with Robert Jütte, is not, as the title might suggest, an update for the new millennium but rather the authors’ contribution to plugging a gap left by so many introductory works.

History of medicine is, of course, not confined to the clinic, roaming free in the hallowed halls of the humanities and the social sciences. While the adoption and reshaping of concepts and methodologies from the interdisciplinary tool bag has allowed medical historians a broadness of range not common in other branches of history, it has also increased the amount of “arcane” knowledge that an often extremely diverse cohort of students is required to assimilate.

Well-known historians like W F Bynum, Roy Porter, José Babini and José María López Piñero (to name but a few), as well as Eckart himself, have produced admirable works that provide concise introductory histories and chronologies of medicine, both for academic and general readers. Alas, precious little exists to provide the same readers with a simple way through the thornier concepts of methodologies, schools of thought and sources. Indeed those newly developing their medico-historical interests often find that they have to hit the ground running, particularly those, such as the aforementioned medical students, not lucky enough to be attached to a specialized department, or with a background in the sciences. These groups will benefit the most from this volume.

First and foremost, this text is no popular history book: unashamedly academic in style and content, it is squarely aimed at the undergraduate student (or postgraduates making the leap from another discipline or those simply wishing to refresh distant memories), assuming little prior knowledge but, nevertheless, plunging the reader headfirst into the deep waters of source types and evaluation, historiography, methodologies and principal concepts. From basic advice on secondary sources and citations, the use of oral history or iconographic sources, and the uses and pitfalls of the internet, the volume passes through methodological approaches including the history of ideas, gender history, historical anthropology and biography, segueing into tangential disciplines (‘Grenzgebiete und Nachbar-disziplinen’, pp. 243–311) such as the history of pharmacy, technology and dentistry. The history of alternative medicine (one of Jütte’s own interests) is not forgotten, and key notions such as medicalization, professionalization and retrospective diagnosis are examined. The short chapters cover an enormous amount of material, quickly equipping the reader with a basic but solid grounding in often complex concepts. As can be expected from authors of Eckart and Jütte’s background and experience, each chapter concludes with a succinct bibliography to take matters further if needed or desired.

Most interestingly, this book does not limit itself to covering the above-mentioned basics, but also offers something akin to career guidance to budding medical historians. An entire section (‘Aus- und Fortbildungsmöglichkeiten’, pp. 129–33) is dedicated to the availability of training in history of medicine, both in Germany and abroad, while another section (‘Fachbibliotheken und Medizinhistorische Institute’, pp. 102–11) lists relevant libraries and research institutes, highlighting their respective interests and strengths.

In summary, this remarkable volume is something of a departure from the traditional introductory textbook, less a replacement than a perfect companion to the old stalwarts, aimed at those who realize that their path lies in history of medicine, and are casting around for a metaphorical hand to hold while delving deeper into the thickets. The addition of
practical guidance on career options and relevant institutes adds and builds on the strengths of Robert Jütte’s *Institutes for the history of medicine and health in Europe: a guide* (Sheffield, 1997). Both theory and practice are thus tightly woven together to provide a tome that will doubtless prove a boon to students and enthusiasts of the history of medicine for years to come. The only fly in the ointment is that, as often happens in this field, the book is inaccessible to those without a good knowledge of German. Maybe someone will take up the reins and provide a pan-European volume on the back of this, but until that time a good dictionary remains essential.

Felix von Reiswitz,  
The Wellcome Trust Centre for the History of Medicine at UCL

**Jan A Witkowski and John R Inglis** (eds), *Davenport’s dream: 21st century reflections on heredity and eugenics*, New York, Cold Spring Harbor Laboratory Press, 2008, pp. xiii, 298, $55.00 (hardback 978-0-87969-756-3).

In 1911 Charles Benedict Davenport published the first edition of *Heredity in relation to eugenics*. Grounded firmly in the belief that a multitude of physical, mental and even career-related (e.g. seafaring) traits followed a pattern of Mendelian inheritance, the American scientist’s book was a principal guide to eugenic studies in the early twentieth-century. However, by the mid-1940s his text had become regarded as at best misguided, at worst a resource for earlier US sterilization programmes, and even Nazi race policies. Moreover, “even by the standards of his own day”, Davenport’s science of heredity was “usually dubious and often plain wrong”, the Cold Spring Harbor Laboratory he helped found amounting “scientifically to much less than it might have been”. (D J Kevles, *In the name of eugenics*, 2nd ed., Cambridge, MA, 1995, p. 48).

*Davenport’s Dream*, edited by Jan Witkowski and John Inglis (both scientists at Cold Spring Harbour Laboratory), brings *Heredity in relation to eugenics* to light again, a facsimile of it accompanying ten essays written by eminent voices in the field of genetics, opening with James Watson’s discussion of ‘Genes and Politics’. As a key document in the history of biology and of the eugenics movement in America, Witkowski and Inglis consider Davenport’s book worthy of reconsideration; however, the most compelling reason they identify is that problems he attempted to tackle, moral and ethical issues the eugenics movement highlighted, remain of public interest today and subject to “cautious scientific enquiry” (p. viii). Furthermore, increasingly sophisticated knowledge and techniques—not least the completion of the Human Genome Project—have changed the scale of debate about use of DNA-related information: from efforts to improve a race, to those aimed at individual genetic constitutions.

Read together, these essays—each written with reference to Davenport’s work—combine to produce an exposition on aspects of modern genetics, some highly technical, such as mitochondrial DNA technology. The presence of the original text itself is therefore crucial, helping to embed often complex accounts of, and justifications for, modern genetic research in an historical context.

That said, nearly all the authors are scientists. The effect overall is to showcase articulate, considered, frequently persuasive claims, yet each with a pronounced pro-science bias. Lewis Wolpert’s closely argued contribution, the last (intentionally?), is especially robust in its placement of human nature within the reach of genetic manipulation. The media’s tendency towards “genetic pornography” and “moral masturbators” objections to human cloning both earn his rebuke in what is a resolutely positivist polemic. Although indubitably erudite and informative, Wolpert’s contention, that “reliable scientific knowledge” (as opposed to “unreliable” knowledge or the technology to which “reliable” knowledge is applied) is “value-free” (p. 189) denotes a...
strangely ahistorical position, at odds with a volume intended to inform and enrich contemporary issues in genetic research by offering direct comparison and reference to a principal source.

An earlier entry does offer slightly less staunch conclusions. ‘Genes in mind’ is Lindsey Kent and Simon Baron-Cohen’s attempt to disentangle the nature (genetics)/nurture (environment) controversy with reference to current scientific explanation of the nature of human mind. Unlike other essays, theirs is especially explicit in admitting the limitations of genetics so far: that concerning behaviour and personality, genes’ known influence “is only modest for many traits”; genetics “may lead to some important medical breakthroughs” (my emphases). Hence they conclude that further investment of time and money is warranted less for tangible outcomes, more for intellectual advance: “to teach us how we—and our brains—are made . . . the pursuit of such knowledge is worthwhile in its own right” (p. 156).

By adopting a light touch—a brief preface, then short introductory pieces preceding each essay—the editors permit the contributors and their particular, mainly pro-research agendas to dominate. This does not make for an especially fluent read, or, as suggested above, a balanced account. None the less, echoing another review (R Pollack, ‘Thoughts on humane genetics’, Science, 2008, 321: 492–3), this is an important work and useful general teaching aid in science, medicine, law and ethics. It demonstrates contemporary scientific justification for continued and appropriate use of genetic information, despite and readily cognisant of past abuses.

Thea Vidnes,  
The Wellcome Trust Centre for the History of Medicine at UCL

Cynthia A Connolly, Saving sickly children: the tuberculosis preventorium in American life, 1909–1970, Critical Issues in Health and Medicine, New Brunswick,
in local communities where preventoria were built, they were deemed a great achievement, as their national proliferation in the 1920s demonstrates. Supported by the National Tuberculosis Association and other enthusiastic child-savers, these institutions were established throughout the United States by many different agencies.

Initially, the preventoria were rooted in the prevailing scientific understanding of TB, but, as Connolly argues, once established, they proved rather resistant to changes in medical science as well as to new social welfare practices. By the 1930s, many experts concluded that the removal of children from their homes had few health benefits, rather the opposite. The scientific rationale underlying the preventorium crumbled as case finding and prevention of infection rather than resistance-building were employed as prophylactic strategies. Many preventoria were closed or reoriented to other fields in the wake of the new antibiotic therapy in the 1940s; even so, some continued to offer a mix of fresh air and moral uplift as a solution to the medical and social problems of indigent children. Ultimately, keeping the institutions running and beds occupied proved more important than assuring the scientific soundness and social adequacy of preventorium treatment; fittingly, it was financial, not medical considerations that led the last ones to close in the 1960s. Avoiding moral judgement, Connolly carefully historicizes the preventorium and employs an emic perspective on the child-savers’ engagement: the preventorium may have seemed like the most humane choice, given the alternatives of orphanage, juvenile asylum, or even homelessness threatening indigent children with tuberculosis in the family.

The analysis is grounded in the international scientific context, but the focus of the book is national, concentrating on US developments. I miss a systematic comparison of the US preventorium and its European counterparts: were they the same or different institutions? Nevertheless, the book is highly recommended for everyone interested in the history of tuberculosis and children’s health. The focus on prevention of paediatric tuberculosis, and on an institution far less studied than the TB sanatorium, makes this book a welcome addition to the historiography of tuberculosis. The author’s engagement in current debates on children’s health makes the sound historical analysis also highly relevant for today’s concerns in preventive and public health.

Teemu Ryymin,
Stein Rokkan Centre for Social Studies, Bergen

Alice Boardman Smuts with the assistance of Robert W Smuts, R Malcolm Smuts, Barbara B Smuts, and P Lindsay Chase-Lansdale, Science in the service of children, 1893–1935, New Haven and London, Yale University Press, 2006, pp. xiv, 381, £20.00, $32.00 (paperback 978-0-300-14435-2).

As Alice Boardman Smuts points out, while there have been scholarly studies of American movements such as child guidance, child development, and what she describes as the “sociological study” of the child (essentially, the work of the US Children’s Bureau), these have previously been “limited to the development of one or the other of the three child study movements ... over a shorter time span or to the history of individual child study organizations”. Her aim is thus to “view these three new approaches to scientific child study not as isolated efforts but as related parts of a single broad movement” (p. 4). Equally, and correctly, she notes the appeal to “science” which so characterized movements like child guidance in the inter-war period (p. 7), a time when science held a high intellectual and cultural status, and when the branch of medicine which underpinned child guidance, psychiatry, was seeking to establish its own scientific credentials in line with those purportedly attached to, in particular, biomedicine. And again quite correctly, the author stresses the role of American
philanthropic bodies such as the Laura Spelman Rockefeller Memorial and the Commonwealth Fund in promoting this supposedly scientific study of the child (p. 9).

The book proceeds more or less chronologically, and is divided into three parts. The first, covering the period from the early 1890s to 1910, deals with topics such as G Stanley Hall and the Child Study Movement. As Smuts reminds us, at least in the early part of his career, Hall was regarded as a “bold innovator, the apostle of scientific psychology, pedagogy, and child study, the esteemed founder of a psychological laboratory, professional journals, and new institutions” (p. 42). The second section, embracing the years 1910 to 1921, discusses, *inter alia*, the founding of the US Children’s Bureau and the Iowa Child Welfare Research Station. The latter is noteworthy not least because, as the author suggests, its aim was to study “the development of normal children” and as such its establishment marked a “crucial turning point in the history of scientific child study” (pp. 117–18). The final section carries the story through the “Children’s Decade” of the 1920s and concludes with the fate of the Children’s Bureau during the early New Deal. While there is an epilogue which briefly discusses what subsequently happened to the various movements dealt with, there is no conclusion gathering together the book’s themes, which is rather disappointing.

Even so, in certain respects this is undoubtedly a highly impressive piece of work. The author has succeeded in bringing together a huge volume of material and the juxtaposing and inter-weaving of the various child study movement histories is in places extremely illuminating. The book is also clearly laid out and well-written, and for all these reasons will almost certainly serve as an important research resource and reference point for some time to come.

None the less, it does have drawbacks. Perhaps because of the volume of material involved, analysis too often gives way to narrative and description. Although the author is clearly aware that these are not unproblematic ideas, there is no extended discussion of, for example, what might constitute the “normal” in child development, nor, indeed, of what was “scientific” about the various movements under discussion or that they might want to view themselves in this particular way. And while it is possible to see an argument for American exceptionalism, was it really the case, as Smuts claims, that there were “no counterparts in Europe for the reform-minded scientists, women social reformers, and parent-education enthusiasts who led the child study movements in this country” (p. 10), or that there were no community child guidance clinics in Europe until 1929? The educational psychologist William Boyd and the psychiatrist Emanuel Miller, just to take two British examples, were both running child guidance clinics before 1929 (and without the aid of the Commonwealth Fund) as well as contributing more generally to child study.

Ultimately, then, this is a book which provides an important starting point for further research projects rather than one which has the final word to say on the movements it so admirably describes and whose histories it so carefully narrates.

John Stewart, Glasgow Caledonian University

Susan P Mattern, *Galen and the rhetoric of healing*, Baltimore, Johns Hopkins University Press, 2008, pp. x, 279, £36.50, $55.00 (hardback 978-0-8018-8835-9).

This is a sprightly book, with a misleading title. It situates Galen within the agonistic culture of his day by means of a detailed investigation of the 358 or so cases mentioned in his works (to which one might add the reminiscence of the case of Pausanias at AA XV.4, and that of the philosopher at De motibus dubiis 7.24). The author focuses on Galen’s attempts to gain power, success, and control over his patients, whose social

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status is more thoroughly described than in the earlier studies of Horstmanshoff and Gourevitch, although she reaches much the same conclusion. Her analysis of where and how Galen treated his patients is clear, and she makes many good points about the public nature of medical practice. Even a private sick room might be thronged with relatives, servants, and casual visitors. One will gain much of value for the understanding of ancient medical practice from this book, which displays a much greater sensitivity towards the historical context than does Schlange-Schönningen’s recent German study of Galen’s life and times. Dr Mattern is also to be congratulated on not confining her search for Galenic material to what is contained in the standard edition of Kühn.

But this is also a book dominated by the catalogue of cases to the exclusion of almost all else, and much of it reads like an excellent spreadsheet, extremely valuable but missing out much that cannot easily be quantified. The preface states that the book is not about medicine, but about healing and how the act of healing is represented, a formulation that is ambiguous in many ways. If I understand Mattern aright, she is interested in the way in which Galen describes his cases for his readers, comparing his methods with those of the writers of the Gospels or the Hippocratic Epidemics, who also relate tales of the sick. But many subtleties escape notice, and not enough is made of the very different character of the three groups of Epidemics, and their diverse origins and purposes. She also compares Galen’s descriptions with those on the Asclepian healing tablets, although without mentioning Girone’s wider survey of ancient healing inscriptions, or, perhaps more relevant still, Lucian’s account in his Alexander of the healings of this false prophet. A reluctance to become involved with medicine also prevents Mattern from developing further even her good insights. Medical time, for instance, is very different in Antiquity from now: the patient’s past in Galen rarely extends backwards beyond a few hours or days, and is very different from a modern patient record that might go back years. The anonymity of patients may also have something to do with ancient methods of record keeping, as well as with the oral nature of most of Galen’s presentations. How many modern doctors can recall, often after some years, the names even of their striking cases?

This is a book by an ancient historian, and it shows in a lack of attention to the actual language and text of Galen. It is not just that Tabiae, p. 55, has long been recognized as Stabiae, but very little is said, despite the title, about Galen’s actual rhetoric of healing, which I would define as a strategy for convincing the patient, or the actual language used. The medical importance of conviction and trust—a major theme, especially in Galen’s commentaries on the Hippocratic Prognostic and Proorrhetic—is largely left on one side. The references to the gestures of healing, a part of ancient rhetoric, are likewise under-exploited (cf. F Gaide, Manus medica, 2003). Galen’s rhetoric, i.e. his language and his use of a variety of means to gain the patient’s assent, has been remarkably little studied, although it must have contributed a great deal to his success with his patients and with subsequent generations. This book goes some of the way to explaining that success, but it still leaves much for others to do before we have a proper understanding of Galen’s rhetoric of healing.

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

Alejandro García González (edición crítica y comentario), Alphita, Edizione Nazionale ‘La Scuola Medica Salernitana’, 2, Florence, SISMEL—Edizioni del Galluzzo, 2007, pp. xii, 608, €68.00 (paperback 978-88-8450-262-9).

Isabelle Mandrin, Griechische und griechisch vermittelte Elemente in der Synonymenliste Alphita. Ein Beitrag zur Geschichte der medizinischen
If we look for forerunners of today’s medical dictionaries and venture beyond the watershed which was the invention of printing with moveable type in Europe, we may well conclude that the medieval work of which we have just been given the first truly critical edition might be considered their ancestor. It differs from earlier glossaries (where difficult, obsolete or foreign words are explained) in its etymological approach. It is here that I would see a suggestive link to other works connected with the School of Salerno, and, in spite of the lack of incontrovertible evidence, it makes good sense to claim the Alphita for Salerno.

This prototype medical dictionary runs to approximately 1300 entries, comprising mainly materia medica, but also diseases, and some anatomy. The early Carolingian Glossarium Ansileubi shows clearly the modus operandi of the compiler: he drew on passages in medical treatises where the word in question (usually Greek or obsolete) was immediately followed by an explanation. (The medical portions of this glossary were edited by a Danish pioneer in the history of ancient science and medicine, Johan Ludvig Heiberg, as Glossae medicinales, although Isabelle Mandrin seems to think that this is an independent work.) For almost every entry, the Glossarium Ansileubi provides fuller source references to the works excerpted there than does the Alphita; and because its excerpts are often considerably longer, it is easier for us to track down the source exactly. In the Alphita, less than 10 per cent of entries come with the name of an author. Much to our surprise, Alexander of Tralles is the one who gets the lion’s share, 64 of a total of 120 (according to Alejandro García González). This can only be seen as a testimony to the importance and wide circulation of the Late Latin translation of this sixth-century Greek author. (Parts of Alexander are also present in the Passionarius Galieni or Garioponti, whose make-up does not seem to be clear to either Mandrin, p. 20, or García González.)

It is a remarkable coincidence that two young scholars should publish their reshaped dissertations, both centring on the Alphita (the first major contributions after more than 120 years), more or less at the same time. García González’s is the more comprehensive work; he not only provides us with a new Latin text (which must be hailed as the first critical edition ever) and a thorough study (in Spanish) of the transmission (a total of sixty manuscripts, of which he selected eight as the basis for his edition and consulted a further fourteen; Mandrin, in contrast, speaks of “rund dreißig Handschriften” (p. 4), without giving details). He also comments on every single entry in the last major part of his study (pp. 330–575), where the material is arranged in true alphabetical order (the Alphita was content with grouping its entries according to the first letter of the word). Elements of a succinct commentary are already in Mowat’s 1887 edition.

Mandrin, on the other hand, provides a more detailed and focused discussion of selected entries (Teil II: Begriffsuntersuchungen, pp. 27–206, running to 65 chapters with a somewhat higher number of lemmata, “etwa hundert”, p. 24); in other words, her choice was restricted to a small fraction of the total approximately 1300 entries. Apart from the text published, for the first time, by Salvatore de Renzi in 1854, and Mowat, she uses but one manuscript, clm 615 (thirteenth to fourteenth century, García González’s M, certainly not the oldest surviving manuscript); Mandrin’s second manuscript (pp. 4f.) of the Alphita, Prague, National Library VIII-H-34, fifteenth century, does not appear to transmit this text at all (and is therefore not listed by García González), and she quotes it from the dictionary of medieval Latin from Bohemian sources. Mandrin remained unaware of another manuscript in the Prague National Library which does transmit the Alphita, X-H-23 (García González, p. 111). She also moves the Sloane collection from
London to Oxford (p. 4). Mandrin has three indexes (words; authors and book titles; and subjects, pp. 221–47), but, for example, Medea, quoted as an author in an entry of the Alphita, appears in the first and not in the second, while other authors figure in both. One regrets that García González offers nothing quite comparable (but there is an index of persons, works, and places, pp. 597–602, and one of manuscripts, pp. 603f.) because such indexes allow us to start from what we consider correct forms of Greek and Latin words or book titles and thence go on to the medieval entry, where what we meet has often been distorted beyond recognition. An example of such a distortion, due to imperfect knowledge of palaeography, is methasm criticus, which Mandrin chooses as the lemma of her entry, taken from de Renzi’s edition based on two Paris manuscripts collated for him by Daremberg. Mowat printed the slightly better methasin creticum (as did the Dictionary of medieval Latin from British sources, 1781c). An edition should surely restore metasincreticum or metasincriticum written as one word, because there is no Greek noun methasis meaning “disease” (and Mandrin’s methasm is neither Greek nor Latin). Let us compare what both scholars have to say in their commentaries (García González: p. 480a; Mandrin: pp. 151–3). Both refer to Cassius Felix chapter 8 (as did Mowat), and although Mandrin cites the new edition of this author by Anne Fraisse (Paris, 2002), she does not seem to have consulted it, giving, like García González, Rose’s page and line (Leipzig, 1897, probably quoted from the Thesaurus linguae Latinae, since Fraisse divides the text into paragraphs as well as chapters). The phrase the two authors quote from Cassius Felix occurs there in fact twice, at 8.4 and 46.17 (the word itself also at 53.2; there is a complete concordance of Cassius Felix, published by Fraisse and Maire), but it has nothing to do with the mistaken explanation in the Alphita (Greek was definitely not the forte of the Salernitans) as morbum determinans siue sanans. Likewise, both authors refer to Dioscorides (García González to Materia medica, 1.38, Mandrin to 4.153.3), but the “remarkable parallel” (“auffallende Parallele”) that Mandrin identifies is, after all, only an occurrence of the same word metasunkritikos. Her report of the readings in the Latin Dioscorides (Dioscorides Longobardus) is not, in fact, correct, because the earliest manuscript, c1m 337 (tenth century), online since 28 November 2006, has metasi(n)kriticum (metasimcretica is the wording in the Lyons 1512 edition of the alphabetical medieval Dioscorides, the version that could have been used by the compiler of the Alphita). Both seem equally unaware that Book One of the Latin translation of Dioscorides, available at the time the Alphita was composed, should be used in the 1938 edition by Mihăescu, listed in the Index librorum of the Munich Thesaurus linguae Latinae. Metasunkritikos is correctly linked to Methodist medical writers by Mandrin (following the Thesaurus), but it is not confined to them, and the edition of the fragments of the Methodists by Manuela Tecusan should have been consulted and referred to in a footnote of Mandrin’s discussion of Methodist concepts. The poroi between the atoms that make up the human (and animal) body are not, as Mandrin believes, “openings” (“Öffnungen”), but rather paths (meatus, uiae, see Forcellini s.v. metasyncriticus) which may become blocked by being too narrow (stegnosis) or may be too wide (rhisus), interfering in either case with the health of the individual. It is not surprising (as Mandrin thinks, p. 153) that we meet the adjective in Caelius Aurelianus, because Caelius Aurelianus was, after all, translating the works of the princeps methodicorum (as he calls him) Soranus. All this palls by comparison when we read the translation for metasyncriticus in the Dictionary of medieval Latin from British sources: “that defines without curing a disease”, printing as part of the Latin Alphita text “morbos determinans siue sanans”—evidently dog Latin, and perhaps not even British! (Mowat had printed, of course, siue sanans.)
In our cyber age with access to bibliographies online (both for classics and for medieval studies), the number and quality of omissions present in both García González and in Mandrin is astonishing; the ones I consider the most serious concern newer editions of Latin texts, like the Dioscorides mentioned above, of Philumenus and Philagrius (Mihăileanu 1910; now also Masullo, 1999, for Philagrius), of Marcellus (Empiricus), whom Mandrin quotes in the 1889 edition by Helmreich, (which used only one manuscript, from Fulda, now in Paris), of the 1999 edition of Theophilus de urinis by Sonya Dase, and García González’s serious oversight of Peter Stotz’s five-volume Handbuch zur lateinischen Sprache des Mittelalters, to which he should have referred for phonetic changes (rather than Biville). His minute subdivisions of the bibliography (pp. 324–9 and 577–94) do not help the reader. (Stotz acted, by the way, as thesis supervisor for Mandrin and is the current editor of the series, where three volumes of Physica Plinii Florentino-Pragensis appeared some twenty years ago which could also have been consulted to advantage, like Önnerfors’s Physica Plinii Bambergensis.)

García González’s book is the first in a series called Nova collectio Salernitana, a national (Italian) edition of Salernitan writings comprising the texts found in de Renzi’s five-volume Collectio Salernitana and edited by that scholar (who was no philologist) almost singlehandedly; now, there is a “commissione scientifica” of nineteen scholars of international repute. García González’s volume is indeed welcome and marks a tremendous step forward, but is still marred by a number of imperfections, some of which could have been avoided before the work was committed to print. Similar reservations must be made for Mandrin, a book that contains good work but does not make full use of older studies that should have been consulted.

Klaus-Dietrich Fischer,
School of Historical Studies, Institute for Advanced Study, Princeton, NJ

Girolamo Fracastoro, De sympathia et antipathia rerum, Liber I: edizione critica, traduzione e commento Concetta Pennuto, Studi e Testi del Rinascimento Europeo, 31, Rome, Edizione di Storia e Letteratura, 2008, pp. cii, 358, €58.00 (paperback 978-88-8498-383-1).

Concetta Pennuto, Simpatia, fantasia e contagio: il pensiero medico e il pensiero filosofico di Girolamo Fracastoro, Centuria, 5, Rome, Edizioni di storia e Letteratura, 2008, pp. xx, 526, €55.00 (paperback 978-88-8498-384-8).

In 1546 the Giunti press in Venice published as a single book two philosophical tracts by the Veronese physician Girolamo Fracastoro—De sympathia and De contagione. The second of these explored the contagion of specific diseases that then afflicted Europe—plague, syphilis or the morbo gallico, leprosy, scabies, a disease of spots the size of lentils that historians now maintain was typhus, rabies, phthisis (or possibly tuberculosis), and others. From the historical evaluation of these diseases, Fracastoro developed a theory of contagion that analysed diseases according to three specific modes of dissemination—by contact, by contact as well as through contamination of another substance such as cloth (fomes), and by distance. This second tract had a profound impact on medical thought and the subsequent questioning of Galenic and Renaissance ideas of disease from the mid-sixteenth to the end of the seventeenth century. Almost to the complete neglect of De sympathia, this tract has engaged medical historians ever since, despite Fracastoro’s remarks in his dedication to the Farnese cardinal and passages in both tracts that argue for a close interconnection between the two works: De sympathia, a work of natural philosophy and physics, underpinned Fracastoro’s theory of contagion.

In two companion works, Concetta Pennuto has now addressed this oversight in the history of medicine and philosophy. The first is a
critical edition of *De sympathia*, applying manuscript skills in philology to the twelve published versions of it from the Venetian edition of 1546 to one in Geneva in 1671. In addition, she supplies a hundred-page introduction, an Italian translation of the text, and 191 pages of notes, bibliography and indices. The second is a monograph developed from her 2005 dissertation at the University of Geneva. It is an exhaustive chapter-by-chapter analysis of *De sympathia* that places Fracastoro’s physics and natural philosophy within the framework of ancient thought from Plato and Aristotle to the multiple trends of Aristotelian thought in the Renaissance and developments in Neoplatonism into the sixteenth century. In this work and unlike *De contagione*, the physician Fracastoro makes few references to disease or medicine. Instead, the first half of this treatise explores the wonders or puzzles (*mirabilia*) of the natural world, such as why lightning strikes ships’ masts and not their hulls, why lightning supposedly does not strike laurel trees, why wine and water mix but not water and oil, why magnets attract iron, and more. In the second half, Fracastoro utilizes the same principles of attraction and repulsion to understand the passions such as love, anger, melancholy, and the senses according to Aristotelian characteristics of the body, blood, coldness, and warmth. Throughout, Pennuto argues vigorously that Fracastoro rejected notions of the occult and the influences of eclipses, stars, and planets to explain these puzzles in the natural world: although the physical forces of the cosmos were neither visible nor tangible, the “principles of Fracastoro’s physics” held that they could be understood through “the instruments of reason” (p. 153). Some may question whether Fracastoro so radically rejected the influences of the stars for understanding all sub-lunar matters. In *De contagione* he held: “No contagions per se can be produced by the sky; but there is no reason why certain contagions should not be produced by it, by accident, and they might even be predicted by astrologers . . . Now the sidereal conditions which are most apt to produce new and serious effects [of diseases] are those in which several of the planets are in conjunction.” (*De contagione et contagiosis morbis et eorum curatione, Libri III*, ed. and trans. W. C. Wright [New York, 1930], pp. 58–61.)

Such notions show that Fracastoro (unlike many less known Italian physicians of the later sixteenth century) had not yet weaned himself so radically from the physics and medicine of Marsilio Ficino and the heritage of late medieval and Renaissance astrology.

The introduction and final 72-page chapter of Pennuto’s monograph vigorously tie Fracastoro’s first tract to the second and will be of the most interest to historians of medicine. In addition to the indispensable interconnection of the two works, Pennuto argues against the grain of much recent historiography that while Fracastoro may have used the language of Lucretius and was influenced by his use of verse for scientific topics, Fracastoro rejected the “atomism” of the ancients and relied instead on the “corpuscularismo” of Aristotle’s physics. Fracastoro’s *seminarium* was not the same as Lucretius’s *semina* or Galen’s *semen*. Instead of a seed or atom, Fracastoro’s *seminarium* was the vehicle by which putrefaction in one body was transported to another, “creating the conditions in the second body that generated a new infection analogous to that born in the first” (p. 420). Fracastoro criticized the atomism of Democritus, Epicurus and Lucretius as “crude and silly [*rudis et ineptus*]” (*De symphatia*, p. 32). But more importantly, he employed *seminarium* in response to Galen’s notion of seeds, to overturn his miasmic understanding of contagion that placed a heavy blame on the patient (*aptitudo patientis*), on diet and bad habits. Fracastoro reflected empirically on the plague experiences of his own time: of ten thousand who had fallen to plague, all were nourished much the same as the survivors and were no guiltier of heavy drinking and eating or of indulging in the excesses of the dissolute life.

In this remarkably erudite study comprising 907 pages of apparatus and commentary focused on the sixty-five pages of
De symphatia, Pennuto leaves one question underdeveloped: Fracastoro’s impact on his own generation of physicians and his importance for the understanding of diseases in the early modern period to the end of the seventeenth century. His new notions of contagion became the Ur-text of the next generation of Italian physicians, who were forced to confront the Italian-wide pandemic of 1575–78. His De symphatia and De contagione gave them the intellectual armament to attack models of medicine, astrology, and universals that had become so well entrenched with Marsilio Ficino’s Consiglio and the Greek editions of Galen during the first half of the Cinquecento. Perhaps this will be Pennuto’s next assignment.

Deborah Madden, ‘A cheap, safe and natural medicine’: religion, medicine and culture in John Wesley’s Primitive physic, Wellcome Series in the History of Medicine, Clio Medica 83, Amsterdam and New York, Rodopi, 2007, pp. 313, €65.00 (hardback 978-90-420-2274-4).

In the Preface to his immensely successful Primitive physic, John Wesley asked whether there were not too many books already on the art of medicine. His answer: “Yes, too many ten times over, considering how little to the purpose the far greater part of them speak.” Additionally, they were “too dear for poor men to buy, and too hard for plain men to understand”. As one who famously twinned the roles of pastor and physician, Wesley considered it his duty before God to assist the labouring poor, to ensure that, through his mediation, they had access to sound and affordable medical advice. In an impressive monograph, notable for the thoroughness with which the most recent secondary literature has been assimilated, Deborah Madden offers a systematic study of Wesley’s motivation and its grounding in his primitive Christianity. His prescriptions for fighting the diseases of his day, his advocacy of an austere preventive regimen, and his responsiveness both to criticism and to the latest medical innovations are presented as the products of a sincere, practical piety.

Madden makes no secret of her intention to lift Wesley’s reputation by rescuing him from contemporaries who falsely accused him of quackery or who exaggerated his disrespect for professional physicians, to whose authority he frequently deferred. He has to be rescued, also, from historians who have accused him of making medicine too subject to theology, and, specifically, of conflating madness and demonic possession. One consequence of Madden’s rescue operation is that Wesley is instated as an exponent of Enlightenment culture rather than marginalized or excluded from it by his fideism. His sensitivity to environmental determinants of disease, his willingness (as with George Cheyne) to interpret the body mechanically, his empirical insistence that remedies must be tried and tested rather than deduced from conjectural theories are described as conforming to a Lockean epistemology that was also compatible with the neo-Hippocratic writings of Thomas Sydenham.

Central to Madden’s argument is the claim that, despite the analogies Wesley drew between physical and spiritual healing, he regarded the two as separate, in the sense that the former addressed diseases of the flesh, the latter the life of the spirit. She insists that he did not confuse medicine with religion, did not suggest that health of body and soul were one and the same, and did not teach that the spiritual world could affect bodily organs. At first sight, this might seem to sit uncomfortably with another of her main contentions—namely that to understand Wesley we have to recognize his holistic understanding of the human subject, in which “theological abstraction and biological study were fused together in a dynamic and powerful way because he was fascinated by the full range of human existence” (p. 267).
For Wesley there was a level at which religion and medicine were fused. Thus he shared with Cheyne the view that the most remarkable rules for preserving life and health were at the same time moral duties commanded by the author of nature. He also had no doubt that bodily disorders could be caused and influenced by a person’s state of mind. Indeed, one of the real strengths of Madden’s analysis is her identification of the several levels at which Wesley’s eclectic theology did shape his medical priorities, even if the connections were largely invisible in his text. His understanding of the Fall lay behind his description of the earth as “one great infirmary”. Salvation itself was a form of healing. The simple life he advocated, in protest against the debilitating indulgences of his age, was precisely what the imitation of Christ required. The instilling of hope into a patient resonated with the larger eschatological hope of a future life, grounded ultimately in Christ’s resurrection. There were connections, too, with the natural theology that Wesley articulated more fully in his Survey of the wisdom of God in the creation: medical intervention was the re-tuning of a machine that had been wonderfully made.

Despite these and other interconnections that Madden finds in his sermons, she is surely correct, in principle, to say that, at the crucial level of treating specific diseases, Wesley’s eyes could be, and were, focused on the natural, not the supernatural. By carefully tracing his many theological and medical sources, and by devoting an entire chapter to an assessment of his therapies (including his minority enthusiasm for electrification), she largely succeeds in portraying him as more a representative of the English Enlightenment than a deluded dilettante. By her own admission, however, there are issues she has preferred not to engage, such as Wesley’s interest in both faith healing and the miraculous. How the rectification of that omission, and even Wesley’s belief in the efficacy of prayer (which he described as “that medicine of medicines”), might qualify her reappraisal is perhaps a nice question.

**John Hedley Brooke,**
Harris Manchester College, Oxford

**Martyn Beardsley and Nicholas Bennett** (eds), *Gratefull to providence*: the diary and accounts of Matthew Flinders, surgeon, apothecary and man-midwife, 1775–1802, vol. 1: 1775–1784, The Publications of the Lincoln Record Society, vol. 95, Woodbridge, Boydell Press, 2007, pp. xxv, 166, illus., £30.00, $55.00 (hardback 978-0-901503-59-6).

Despite several decades of intensive research into the social history of English medicine, surprisingly few sets of practitioners’ papers have been printed. Matthew Flinders, a medical practitioner based in Donington, Lincolnshire, in the late eighteenth century, kept an unusually detailed record of his life and work, and this edition of his manuscript notebooks will be welcomed by all students of the period.

Characteristically for its time, Flinders’ manuscript was a hybrid of account, diary and memorandum. Its main content is a record of his household’s cash receipts and expenses, in which his professional earnings and expenses are mingled. Alongside these financial records are a set of notes and records detailing aspects of his practice, which gradually diminish in scale until they disappear completely in the second volume (yet to appear), and diary passages recording the events of his life. Flinders was an able and helpfully brief diarist. His notes include topics such as the birth of his children, the death of his wife, the inoculation of his servants, his own health, his travels around the area, and major purchases such as a new horse or cow. He also regularly summarized his financial position, debts and credits, and interests in prose.

As his accounts of his medical activities reveal, Flinders was an example of that fabled beast, the provincial general practitioner. He is labelled here variously as an apothecary,
surgeon, and man-midwife, and described himself in those terms. The medical memoranda he wrote allow us some interesting insights into his relations with his patients and other practitioners, the intensity and range of his practice, and his midwifery work—including details of his use of forceps. They also give some sense of his expenditures, earnings and costs, such as the carriage of drugs.

Flinders is an interesting figure in general. He came from a medical family—his father John had also been an apothecary in Donington and his brother succeeded him in his practice—and he trained in London before returning home to practise. His first son turned from the family trade to become a noted explorer, charting the Australian coastline, among other achievements. Flinders was also a literate man whose record of his book purchases allows us to see him engaging in the print culture of the period, buying both general literary works, and medical publications.

The editors have done sterling work in producing a very clear and well structured edition. They have also provided an able 25-page introduction tracing the life and family of Flinders, and offer a tidy contextualization to his manuscript and practice. Somewhat unfortunately, they appear not to have known about Irvine Loudon’s discussion of Flinders in Medical care and the general practitioner (1987). None the less, much can still be gained from this source, and I expect that Flinders will soon become a regularly discussed character in studies of eighteenth-century medicine.

Patrick Wallis,
London School of Economics and Political Science

From time immemorial, mankind has used natural substances as essential resources for many purposes, such as clothing and building materials, as spices, dyes and medicinal drugs. They have, therefore, always been important commodities and objects of exchange for many cultures. With the development of the first global commercial system, early modern European overseas enterprises imported great quantities of botanical goods from around the world and introduced them to Europe; these influenced medicine, pharmacy, diet, and the economy. It is well known that the Dutch determined the global commercial exchange during the seventeenth century and well beyond it, thus making an important contribution to the exploration of useful natural products from all over the globe. For this reason, A M G Rutten’s study concentrates on the influence of Dutch commercial enterprises on the world-wide distribution of the so-called multifunctional drugs—products that could be used for both industrial and medicinal purposes—and their significance for Europe. Rutten explicitly focuses on primarily industrial products that were also used for medicinal purposes, as he explains using indigo as an example. He then presents a survey of the development of the Dutch trading companies and juxtaposes them with the former trade in multifunctional drugs in the Mediterranean area.

In the main part of the book, the author investigates different centres of global commerce as well as various geographic regions in terms of their significance as suppliers of these drugs to Dutch traders. He presents examples, such as pepper, ginger and nutmeg, and explains their historical tradition and industrial and medical applications. Vanilla, for instance, a plant native to Central America, was used as a spice but also as a remedy against nervousness and sleeplessness, and was included in many European pharmacopoeias. Nowadays, vanilla is still an important aromatic substance in the food industry. Rutten then turns to the medical-pharmaceutical aspects of multifunctional drugs and explores their presence in various

A M G Rutten, Blue ships: Dutch ocean crossing with multifunctional drugs and spices in the eighteenth century, translated by Dr J Wormer, Rotterdam, Erasmus Publishing, 2008, pp. 154, €32.50 (hardback 978-90-5235-199-5).
European pharmacopoeias. Using the example of guaiac wood, he shows that the discovery of the special properties of a multi-purpose product could provoke an intense global trade in it. Guaiac was on the one hand used for technical purposes such as a material for ships’ pulleys, and mortars, but on the other it was especially highly esteemed as a remedy against syphilis—then a new and fearsome illness—so that trade in it increased enormously. Multifunctional drugs were also used as constituents of compound medicines such as theriac, which was not a new remedy but a classical and famous European panacea. Theriac too was transported around the world in enormous quantities. Finally, Rutten shows that fragrant substances like ambergris, civet and musk were also appreciated as medicines, and formed an important group of commodities in Dutch trade.

The book concludes with a bibliography. Rutten’s study provides comprehensive information concerning the trade in multifunctional drugs in the eighteenth century and their influence on Europe. By combining aspects of the histories of pharmacy, culture, and trade, he shows that interdisciplinary studies can contribute to a new understanding of historical developments. It is a pity that there are no detailed references, especially since the author has evidently consulted a large number of archival sources. But, most importantly, the results of Rutten’s investigations definitely offer much inspiration for further interdisciplinary studies. The book can be recommended to a wide public: to scientists of many disciplines as well as interested amateurs.

Sabine Anagnostou,
Institut für Geschichte der Pharmazie,
Philipps-Universität, Marburg/Lahn

In 1968, G A Lindeboom made his reputation in the English-speaking world as the chief expert on the history of Dutch medicine by publishing his biography of Boerhaave. (See the review in Medical History, 1969, 13 (4) by Lord Cohen of Birkenhead.) In that work he was significantly aided by E Ashworth Underwood, who refused to be named as co-author and simply provided a brief, signed Foreword. The book remains the only modern attempt in any language to comprehend the life and work of this most famous of eighteenth-century medical teachers and authors. Given that the original publication is now hard to obtain, Erasmus Publishing have brought out a new edition of the work, with a careful and perceptive introduction by M J van Lieburg about Lindeboom and his work that amounts to an important short biography of its own. The original edition has been entirely reset and is beautifully produced, while the alterations to the text are slight, only correcting errors. More important are Van Lieburg’s editorial interventions: the Latin parts have been dropped from appendix one (the Commentariolus, composed from Boerhaave’s autobiographical notes); appendix three is dropped entirely (the sale catalogue of Boerhaave’s collections); the bibliography is painstakingly corrected and brought up to date; and Lindeboom’s Bibliographia Boerhaaviana of 1959, also carefully expanded and corrected, is added as a final appendix. As he makes plain, the structure and aims of the original work show its age, but it remains a masterful synthesis of information then available in print, and with Van Lieburg’s editorial interventions, it will still be widely consulted by anyone wishing to embark on an acquaintance with Boerhaave and his publications.

Harold J Cook,
The Wellcome Trust Centre for the History of Medicine at UCL

Sandra M Sufian, Healing the land and the nation: malaria and the Zionist project in Palestine, 1920–1947, Chicago and London,
This book investigates anti-malarial policies pursued in mandatory Palestine. It analyses the scientific and practical undertakings of the various agencies, mainly Jewish and British, which worked with a view to reclaiming landscapes from marshes and abating endemic malaria. The author’s main thesis suggests that the anti-malaria campaign highlights the “relationship between health and nationalism or statehood” so dear to Zionists.

The book offers a good empirical survey using materials and sources in Israeli archives, the Central Zionist Archives, the Joint Distribution Committee, and the Rockefeller Foundation Archive among others. Nationalist redesigning of the demographic and epidemiological landscape through malaria control has been widely researched lately by social historians of medicine. Linking science, health and nationalism was by no means unique to Zionism; rather it was common to various nationalist ideologies throughout the world. As emphasized in chapter 7, Palestinian doctors were also quick to claim such linkage for themselves, as an issue in cultural and political “self-realization”.

But malaria campaigns were undoubtedly of paramount importance for the Jewish colonization of Palestine. According to the author, Zionists were anxious to demonstrate to the mandatory government that they had indeed made a garden from a wasteland. Assuredly, this was part of the Zionist worldview, extensively dealt with in chapter 1. Such a cultural approach, however, can be misleading in some ways. Extension of malarial marshes because of agricultural neglect and abandonment was merely time-honoured knowledge among many malariologists, especially in Europe. Accordingly, matching Zionist ideology against the existing state-of-the-art strategies of malaria control was what one would have expected. Arab peasants were thought of as obstacles to malaria control; was this representation a Zionist generated idea (the problem is the Arabs)? Or was it a time-honoured scientific notion (the problem is the peasants)? The book gives the impression that every Zionist protagonist, whether politician, public officer or scientist delivered the same ideological discourse. But Zionist discourse on malaria was motivated not only by politics, or by science as politics in disguise, but also by science qua science. It took some time for malariology to become less inimical to peasants than formerly. Present-day critics of ideologies are frequently at risk of being anachronistic.

Science is not to be thought of as simply cloaking political interests. Science is the way political actors see things when those things are populations, diseases and landscapes. Landscape is the key word of the book. Landscape is considered as archetypal (the Zionist Weltanschaung), pathological (geography of malaria in Palestine), potential (reclamation projects), technological (two case-studies), perceptual (the “medicalization” of Palestine), cultural (health education) and contested (malaria as a symbol of the Palestinian/Zionist conflict). This gives the book a robust conceptual framework. Sufian could have referred to Michel Foucault, since landscape is nothing more than Foucault’s “dispositive”, that is, a rather heterogeneous set of discourses, institutions, technical devices, administrative measures, and cultural practices from which come change and variation. Through “landscape” we can see in the end how opposite camps strove to capture health as a most valuable political asset.

The richness and the quality of the photographs, maps drawn by contemporaneous health agencies and health education documents put a premium on a book that will be an important resource to those interested not only in the history of the Middle East but more generally to students of the relationship between health and development.

Patrick Zylberman,
CERMES, Paris
Yaron Perry and Efraim Lev, Modern medicine in the Holy Land: pioneering British medical services in late Ottoman Palestine, International Library of Colonial History, No. 8, London and New York, Tauris Academic Studies, 2007, pp. xi, 243, illus., £52.50 (hardback 978-1-84511-489-3).

Modern medicine in the Holy Land is an interesting and valuable contribution to studies in colonial medicine, as well as to research on the history of medicine in Palestine/Israel. The book documents the introduction of modern medicine into Ottoman Palestine with the arrival of British missionaries in the middle of the nineteenth century. Yaron Perry and Efraim Lev begin by outlining the political, social and medical environment that was late Ottoman Palestine, and then go into the earliest initiatives of the London Jews Society, giving detailed accounts of the English Mission Hospitals that sprang up around the country, as well as biographies of the physicians who came to Palestine as part of the British mission. In these opening sections, the authors detail British activities in the fields of medicine, hygiene, pharmacology and scholarly research. The ensuing chapters are dedicated to analysing the impact that these early initiatives had on the region, and the Catholic, Muslim and Jewish endeavours that followed in the tracks laid by the initial British missionaries.

One of the main topics is the mutual relationship between religion and medicine. The authors describe clearly the politics of medicine as used by the missionary doctors to promote Christianity. This proselytization was so linked with medical care that one could never know if helping the sick in the Holy Land was the actual mission or whether medicine was only used as an instrument to promote the religious vision. This is a critical point for understanding the interests behind the development of modern medicine in nineteenth-century Ottoman Palestine. Thus, Modern medicine in the Holy Land leaves the reader with a heightened understanding of the complex motivations behind the European colonial powers’ promulgation of modern medical care.

The book describes in detail the scientific and medical work of early physicians such as Edward Macgowan, a pioneer medical practitioner in Jerusalem and the founder and director of the first modern hospital in the Holy Land; Thomas J Chaplin, Ernest William Gurney Masterman, both scholars and researchers of the Holy Land; Walter Henry Anderson, the individual responsible for the establishment of the Safed hospital, and Percy Charles Edward d’Erf Wheeler, a notable medical missionary.

Modern medicine in the Holy Land also deals with subjects such as the differences between the various “generations” of British physicians in Jerusalem and the internal conflicts regarding their professional identity, for example missionaries versus practitioners. In addition, the book clarifies the issue of the extent to which the missionary medical doctors influenced the initiatives of the Jewish community to establish its own medical services. As Perry and Lev clearly show, these initiatives arose mainly out of the Jewish community’s concerns that the missionary activity among the Jews might lead to conversion to Christianity and weaken the control of the Jewish leaders over their people.

The joint research efforts of specialists from two different academic disciplines have come together to present the reader with a compelling picture. Yaron Perry is an historian specializing in the history of the Land of Israel and its links to nineteenth-century Europe in general and to British activities in particular. Efraim Lev, on the other hand, is an expert in medical practice and the medical history of the Middle East in general and Palestine in particular. Their joint research has brought us, for the first time, a wide spectrum of information about traditional medicine and practices used by local healers, as well as a list of the materia medica that was used in the holy land during that period.
The book is written in a manner that is both engaging and accessible. Perry and Lev manage to bring the period to life with vivid descriptions of living conditions as well as the personal experiences of the physicians and the local population. *Modern medicine in the Holy Land* is sure to be a valuable resource for researchers of colonial medicine, as well as students of British, Ottoman, Palestinian and Israeli history.

**Rhona Seidelman** and **Shifra Shvarts**,  
Ben-Gurion University