Gerald N Grob, *The deadly truth: a history of disease in America*, Cambridge, MA, and London, Harvard University Press, 2002, pp. x, 349, £23.00 (0-674-00881-2).

At the end of the nineteenth century Charles Creighton wrote a monumental, erudite and still widely cited study of the history of epidemics in Britain. Relying on an exceptionally wide range of primary sources, he chronicled the emergence of the great killing diseases, their gradual replacement by new or hitherto subterranean infections and processes accounting for differentials in mortality and morbidity in town and country. However, in the aftermath of the publication of his great *A history of epidemics in Britain* (1891), the subject entered a kind of twilight zone. Mainstream medical historians concerned themselves with the achievements of the great men of the profession and what then appeared to be the non-problematic emergence of the major twentieth-century sub-specialisms. Demographic studies, reaching a new level of maturity with the mid-century and paradigm-busting work of Thomas McKeown, grappled with the processes underlying the “modern rise of population”. Only with the publication of William McNeill’s erudite but flawed overview of *Plagues and peoples* in 1976 and Emmanuel Le Roy Ladurie’s astonishingly original article on the unification of the microbiological world which appeared in English in 1981, did scholars once again begin to engage with the larger epidemiological picture. Thereafter, writers as diverse as Fernand Braudel, Charles Rosenberg and Alfred Crosby made substantial contributions to a genuinely non- anecdotal study of disease in history.

There has long been a need for a single-volume overview of the epidemiological history of America. Gerald Grob covers an immense field—the indigenous reaction to hitherto unknown European infections, the colonial period, the era of the young republic, embryonic urban-industrialism, and the complex socio-medical problems which confront the nation in the new millennium. A cursory glance at the endnotes to *The deadly truth* confirms that the author has read and absorbed nearly everything of value in what has developed into a heavily documented and intimidatingly interdisciplinary field. In addition to this large secondary literature, Grob has made exemplary use of official and unofficial reports, journals, diaries, poetry and fiction. Some of the contemporary accounts reproduced here of the massive depredations of smallpox—and measles—among uncomprehending indigenous populations from a wide range of ethnic backgrounds are terrifyingly vivid. Moving from the pre-Columbian era to early twenty-first-century prognostication based on the imminent discovery of a genetic super-bullet, the author adopts a consistently sceptical attitude towards the claims of modern medicine. Here his arguments have something in common with the classic work of McKeown, though not, it should be noted, with the wilder iatrogenic shores of Ivan Illich’s *Medical nemesis*. *The deadly truth* presents the epidemiological universe as inherently random. Changes in environment, culture, and the autonomous micro-organic world itself repeatedly ensure that each waning epidemic threat is replaced by another and equally heavily politically and morally loaded crisis.

Grob is particularly revealing on the regionally specific process of accommodation—what the early colonists aptly termed “seasoning”—to alien infection. His synopsis of the quality of life during the teething-period of early American urban-industrialism complements and confirms the broadly pessimistic conclusions of recent anthropometric scholarship. Following a chapter on the now much debated early-twentieth-century discovery of chronic illness, Grob insists that there can only rarely be absolute medical “victory”. Indeed, *The deadly truth* ends with a dystopian vision of mid-twenty-first-century America as an epidemiologically unstable society. The affluent and ethnically privileged will enjoy continuing improvements in life expectancy but also form the core of what could
develop into an economically under-achieving “disability society”. According to Grob, the search for the magic bullet is misguided and futile, not least since the great majority of fatal and debilitating conditions that continue to afflict contemporary America have their origins in complexes of genetic interaction rather than the behaviour of a single gene. Biologists and medical scientists have pieced together the road-map and located the sign-posts. However, they are still only rarely able to direct drivers from one place to another.

The only detectable weakness in Grob’s exemplary overview of the state of the nation’s health in the contemporary world is a failure to devote sufficient space to the massive scale of death and injury on America’s roads. Otherwise, this is a comprehensive, wise and timely survey which effortlessly moves from state to state, hamlet to city and past to present. It certainly deserves an unusually wide readership.

As for specialists, they will long be in Gerald Grob’s debt for having so assiduously trawled an ever-expanding secondary literature.

Bill Luckin, Bolton Institute

Roy Porter, Madness: a brief history, Oxford University Press, 2003, pp. xii, 241, illus., £7.99 (paperback 0-19-280267-4).

Of all the projects launched at the inception of the Wellcome Institute for the History of Medicine, none, arguably, was more successful than the social history of madness and psychiatry. I still recall the excitement with which our generation greeted the three volumes of Anatomy of madness and Roy Porter’s monographs, Mind-forg’d manacles and A social history of madness. Many built upon those pioneering contributions until the field of psychiatric history became so densely cultivated that newcomers as well as some old hands were in danger of losing their way. One yearned for a handy overview incorporating the new orientations, providing the essential information, but leaving out the detail and the jargon.

The late Roy Porter provided precisely that with one of his last and shortest books. This elegantly designed volume is not just the short guide to the history of madness we and our students have long needed but also, implicitly, a summing-up of the project which Porter and his colleagues had inaugurated more than two decades ago in London. “In such a short book, I have focused”, Porter explains, “on a few core questions: who has been identified as mad? What has been thought to cause their condition? And, what action has been taken to cure or secure them?” (p. 9). In its 200-odd compact pages, the book explores these questions with great learning and brio. Beginning with pre-modern attributions of insanity to “gods and demons”, Porter guides us through the complexities of Renaissance and Enlightenment medical speculations and their cultural contexts, not forgetting to illuminate relevant historiographic debates—that over Foucault’s claims on the beginning of institutionalization, for instance. The most admirable thing about the book is the way it balances multiple themes.

Nineteenth-century asylum-building is highlighted, but not at the expense of nineteenth-century efforts to explain mental disorders as brain disorders. The twentieth century, the so-called “psychiatric century” and, of course, the century of psychoanalysis, receives detailed attention, but the current intellectual and cultural status of psychiatry are not left unexamined. Porter is always urbane but never bland. The account of America’s mid-twentieth-century lobotomy craze, for instance, appreciates all the pressures that psychiatry was under at the time but still exudes righteous indignation. Modern “cosmetic” pharmacology, again, is explored with considerable sympathy but the sheer pathos of our quest for chemical bliss is not obscured. Obviously, doctors, their theories and their practices, feature prominently in the book but Porter reserves some of his most deeply-felt passages for the opinions and experiences of mad people themselves.

It is remarkable how much information is packed into the pages of this tiny volume: sentences sum up entire episodes, parenthetical remarks sketch world-views, and even the
captions to the skilfully chosen illustrations supplement the text. Although any reader with any interest in the subject would find this a clear, compassionate and witty introduction, experts alone will appreciate quite how comprehensive and generous it is—and how free of the ideological obsessions and jargon-laden prose that the recent historiography of psychiatry seems unable to transcend.

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Lise Wilkinson and Anne Hardy, Prevention and cure: the London School of Hygiene and Tropical Medicine. A 20th century quest for global public health, London and New York, Kegan Paul, 2001, pp. 438, 32 figures, £65.00 (hardback 0-7103-0624-5). Distributed by John Wiley & Sons, Southern Cross Trading Estate, 1 Oldlands Way, Bognor Regis, West Sussex, PO22 9SA; and Columbia University Press, 61 West 62nd Street, New York, NY 10023, USA.

The London School of Hygiene and Tropical Medicine has been discussed by historians largely in terms of its role in the development of tropical medicine, so this new history of the School, which gives equal weight to its work on hygiene, is most welcome. Also, the authors have taken the story beyond the “golden age” of imperial medicine before the First World War and paint a detailed picture of the development of the School’s teaching and research in circumstances that became quite difficult times. Just how difficult these times were is perhaps understated, for example, defending the School against the repeated claim that it was anachronistic to have such an institution in London once Britain had lost its empire, and maintaining an institution dedicated to public health in an era when medical practice became ever more centred on the individual clinical encounter. That said, the authors show that the School survived and flourished due to the quality, value and relevance of its research and teaching, which were adapted by successive directors and departmental heads to changing political, economic and medical contexts.

The story of the foundation and early years of the London School of Tropical Medicine has been told many times, so rightly the authors do not dwell on the period before the 1920s, except to give valuable accounts of the work undertaken on specific vector borne parasitic diseases that so dominated tropical medicine at that time. The account of the coming together of tropical medicine with hygiene shows the many forces that shaped the new institution and in particular emphasizes the roles played by Robert Leiper and Andrew Balfour. They make it clear that “tropical medicine” was not a late addition to plans for a Rockefeller-funded School of Hygiene, but that it was an integral part from its earliest conception. The main body of the book is six chapters on the teaching and research work of different specialisms, beginning with epidemiology and medical statistics, where John Brownlee and Major Greenwood established high standards and diverse interests that were maintained by Austin Bradford Hill and Donald Reid. The early years of bacteriology and immunology in the new School were dominated by W W C Topley, whose renowned textbook, co-authored with G S Wilson, was based on the syllabus taught in the School. Topley and Wilson developed an all-purpose department that was strong in teaching, research, and consultancy, a fact evident in the late 1930s when it was chosen as the base for a new Public Health Laboratory Service, created to deal with anticipated wartime problems with communicable diseases. After 1945, the department’s work followed general trends in microbiology, with the growth of virology, vaccine development, testing and production, and latterly studies of parasite immunology.

In public health, the School’s staff are shown to have been leaders rather than followers, with activity grounded in the teaching of the Diploma of Public Health (DPH). The department’s first head, William Jameson, also served as Dean of the School and left to become Chief Medical Officer, playing a key role in the formulation of plans for a national health service. It was not until the mid-1950s that “social
medicine” began to influence public health in the School, but thereafter it became a centre for radicalism and innovation, most notably through the work of Margot Jeffreys and Jerry Morris. The DPH was eventually replaced in 1967 by a Masters in social medicine, research on chronic diseases was added to existing strengths with communicable diseases, and the title public health was eventually replaced by community health. The other three chapters on specialisms cover occupational health, nutrition and the work of the School’s somewhat anomalous Winches Farm, a field station that had its origins in Leiper’s enthusiasm for agricultural parasitology and diversified into a research facility for various specialisms. The final chapters return to tropical medicine and map in turn the School’s overall work from 1919 to 1989. The implication, and this is something that could have been spelt out, is that there were in fact two Schools: one domestically orientated Hygiene School and an international School of Tropical Medicine, which left me wondering about the subtitle of a “quest for global public health”. The international work is exemplified in the chapter devoted to malaria, which charts the role of the School in attempts to control the disease, including the eradication years, and highlighting the work of the Ross Institute, which over time became an integral part of the institution.

The book ends with a very useful biographical section of major figures from the School’s past and present work. This highlights one of the most important features of the book overall, how it reveals the life and times of doctors and scientists of quite exceptional range and achievement in hygiene and tropical medicine. My appetite was certainly wetted for biographical studies of Robert Leiper, George MacDonald, and Alan Woodruff amongst many others.

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Irina Sirotkina, *Diagnosing literary genius: a cultural history of psychiatry in Russia, 1880–1930*, Medicine and Culture series, Baltimore and London, John Hopkins University Press, 2002, pp. ix, 269, £33.50 (hardback 0-8018-6782-7)

There is something very clever about Irina Sirotkina’s *Diagnosing literary genius*. Sirotkina’s argument is premised on a rejection of the psychiatric historiography that was derived from the “labelling” theorists of the 1960s and 1970s. Post the anti-asylum movement, some historians and sociologists saw psychiatrists as popularizing the notion of genius as a psychological condition. In this light, the medicalization of genius was viewed as an attempt by psychiatrists to support their professional authority. Stepping outside this Anglo-American tradition, Sirotkina urges historians to take a broader cultural approach and engage with the contextual meaning of psychiatrists’ claims. In contrast to the opposition between scientific psychiatry and artistic genius to which we are accustomed, Sirotkina examines the genre of pathography (medical biography) in Russia to highlight the diverse ways literary genius was seen within the psychiatric and psychological establishment.

*Diagnosing literary genius* is not only a subtle rendering of the inadequacies of professionalization narratives. Sirotkina argues that literature was central to Russian culture and this centrality justifies an understanding of Russian psychiatry offered through pathography. For the Russian intelligentsia, of which psychiatrists were a part, literary criticism performed an important social function. Thus the first three chapters of *Diagnosing literary genius* examine the context surrounding late-nineteenth- and early-twentieth-century popular and medical commentaries on the writers Nikolai Gogol, Fedor Dostoevsky and Leo Tolstoy. In keeping with her thesis, Sirotkina shows how medical pathographies—focusing upon Gogol’s later turn to religion, Dostoevsky’s epilepsy and Tolstoy’s anarchist Christianity—were embedded in, and changed with, the place of psychiatry within society. Gogol’s spiritual turn, explained away by nineteenth-century psychiatrists who shared the prevalent
materialism of reformist Russia, was then re-evaluated as a new generation assimilated the works of Nietzsche. Dostoevsky’s epilepsy became an important issue for liberal psychiatrists who constructed the diagnostic category of “progenation” to account for both the writer’s genius and their belief, inspired by Dostoevsky, that psychiatry should attend to the suffering inherent in the human condition.

Tolstoy’s rejection of both the tsarist regime and the materialism of the radicals in favour of a Christianity without Christ was initially interpreted as hysterical. Later, more sympathetic psychiatrists, increasingly sceptical about nineteenth-century positivism, took Tolstoy’s anti-materialism seriously and looked to psychotherapy as the means to assess Tolstoy and explore how they related to their patients. The final two chapters build on these themes and examine Russian culture and medical writings on artistic trends in the early twentieth century. Between the extremes of revolution and decadence, psychiatrists now found their own distinctive form of social commentary, arguing for the preservation of the nation’s mental health or for the creation of a socialist utopia based upon their insights into the human psyche.

While these subjects are fascinating and intricately researched, some of Sirotkina’s observations on psychiatry can seem oddly disjointed from the context. Although a contextual understanding of psychiatry is offered, she makes only passing reference to how psychiatry, or science and medicine more generally, shaped the context in which they are now understood. Sirotkina intermittently refers to Isaiah Berlin’s notion that nineteenth-century Russian art was charged with a social mission. But how medical pathographies, necessarily committed to a scientific cause, depart from this tradition, is left unexplored. For all their faults, professionalization narratives could be related to the process of industrialization. Sirotkina’s book is a worthy and cleverly constructed attempt to redress the excesses of casting psychiatry as a self-interested body, but it should not be forgotten that psychiatrists, even when writing pathography, are, unlike artists, engaged in the rationalization or standardization of human nature.

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Karen Jochelson, The colour of disease: syphilis and racism in South Africa, 1880–1950, St Antony’s Series, Basingstoke, Palgrave in association with St Antony’s College, Oxford, 2001, pp. xii, 248, £55.00 (hardback 0-333-74044-0).

This is an impressive study of the incidence of venereal disease (VD) in South Africa during a period of seventy years and official and medical efforts to control it. Drawing upon a wealth of original sources found in municipal, provincial and national archives, Karen Jochelson delineates the construction of racial identity in modern South Africa through medical and scientific discourses. In doing so, she demonstrates that the process of defining disease and disease carriers as medical problems is inherently political, meaning embedded in broader contested processes of political, economic and social change. Therefore her study is valuable to scholars concerned with the analysis of epidemics in South Africa specifically and the history of medicine generally.

Jochelson uses a blend of political economy and social constructionism to present a history of the causes and cures for VD, and, more significantly, to restore the disease to its social and historical context. The study links the spread of VD among the majority African population to socio-economic processes such as conquest, land dispossession, poverty, migrancy, urbanization and industrialization, which were devastating to African societies and disrupted their social networks and stable sexual relationships. At the same time it explores the myriad ways that VD and suspected carriers were constructed, demonstrating how concerns about wider social changes were reflected in the perception of potential VD carriers. For example,
Africans and “half castes” were viewed as disease spreaders at a time of increasing racial interaction in cities, as were white and black urban women who were rapidly gaining relative economic independence from their patriarchal families. According to Jochelson, fears about bothVD and the marginalized segments of society considered responsible for its spread may have reflected “wider fears about social and moral disorder, rather than a real increase in the incidence of disease” (p. 4).

The first chapter is especially effective in demonstrating the intimate relationship between massive social changes and socially constructed medical knowledge in the perception and response toVD. In the 1880s there was an epidemic of syphilis among Africans that most doctors assumed was venereal syphilis, which is sexually transmitted. But Jochelson argues that the epidemic at this time was actually endemic syphilis, an indigenous disease related to venereal syphilis but transmitted through unhygienic working and living conditions such as those to which Africans were subjected in urban centres. She explains how predominant scientific racist ideas about African sexuality in combination with the decline of assimilationist ideology shaped the emergence of erroneous medical perceptions of this epidemic. Subsequent chapters trace how assumptions about African sexuality and physiology, and the hardening of segregationist ideology, led to racially differentiated health services for poverty-stricken sufferers ofVD during the course of the twentieth century. They also discuss doctors’ anxiety about the prevalence of the disease among the mainly Afrikaans-speaking “poor whites” and how it reflected fears about the fragility of white political supremacy.

*The colour of disease* will be greatly appreciated by readers concerned with the practice and politics of medicine in South Africa, not least because the study of the history of disease in that country is still, as the author herself points out, relatively uncharted territory. At the same time, medical historians in other national contexts may find this book frustrating at times, for it is clearly aimed at an audience that has sophisticated knowledge about South Africa.

Jochelson’s account of the penetration ofVD from urban to rural areas, for example, assumes a great deal of familiarity with South Africa’s geography—there are no maps—and political history, for place names shift fromAfrikaans to English and from pre- and post-Union without explanation. For example, she uses the namesTransvaal, the South African Republic and itsAfrikaans acronym ZAR, and Gauteng to refer to the same region within the country, names that denote major political developments during the past century and a half. But without maps or chronologies to which to turn for clarification, readers who are unfamiliar with the country’s history may find themselves confused. Yet the book’s methodological innovation will impress researchers seeking explication of the inseparability of biology and politics in the making of, and response to, epidemic disease. Most notably, the work provides a framework for contextualizing the AIDS pandemic currently ravaging South Africa (indeed much of sub-Saharan Africa) for, as the book’s conclusion makes explicit, the contemporary AIDS disaster bears striking similarities to venereal disease in both the material basis of its transmission and the racist response of the white minority.

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Jane Buckingham, *Leprosy in colonial south India: medicine and confinement*, Basingstoke, Palgrave, 2002, pp. xi, 236, £47.50 (hardback 0-333-92622-6).

This study of leprosy in colonial south India investigates indigenous and British medical and legal systems and their impact on the person suffering from leprosy, from the 1800s up until 1898, specifically before the missionary period. The study claims that because leprosy was “a slow degenerative disease”, initially believed by the British to afflict Indians and Eurasians, it offers a unique perspective on colonial power and colonial medical intervention and provokes a “reconsideration” of accepted models of
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colonial medical relationships. In the process, it takes issue with assumptions of a coherent and dominating exercise of colonial power and colonial medical intervention, reassessing the use of British medicine as a tool of empire, the contribution of law to colonial authority, and the role of confinement as an expression of British power. This analysis emphasizes the interplay of class and financial imperatives in determining the management of leprosy, with socio-economic status having the most profound impact on the leprosy sufferer.

The medical investigation of leprosy in this period marks a shift to a rational and secular European medical system, yet a selective appropriation of indigenous remedies. Neither indigenous nor British medical traditions could offer a specific cure for leprosy. Local British medical officers explored remedies such as fumigation, gurjon oil, chaulmugra, and maroty oil. They sought the most effective remedies available at the time, and were less interested in any assertion of superiority of British over Indian treatments or medical systems.

The politics of leprosy control shows how information and research into leprosy was deployed with specific agendas, and how medicine was used by the colonizers to dominate each other. The Royal College of Physicians’ Report (1867) was not only formulated to investigate the prevalence of leprosy in the colonies, but also to establish the credibility of the medical profession and the role of the College. The struggle between the Sanitary Commission and the Indian Medical Service over who would serve as government adviser on leprosy, and debates over segregation and the formation of leprosy policy, demonstrate differing political agendas.

This period was also characterized by negotiation between the government of India, the presidency governments, and public opinion represented by the Indian middle class around the 1889 Leprosy Bill, the 1896 Leprosy Bill, and the 1898 Lepers Act. Class interests, concern about resentment towards any British interference, and a desire to protect local trade resulted in legislation that targeted vagrants and avoided dealing with workers and home dwellers with the disease. The study concludes that at each remove from Britain, at the level of the government of India, the presidency, and local levels of medical authority, the exercise of power became increasingly diffuse and subject to negotiation and opposition. At the local level of direct contact between doctor and patient “British medicine was ultimately subordinate to the wishes of the leprosy patients, the majority of whom were Indian” (p. 191).

This is a valuable study that provides a foundation for understanding the culture of medical research into leprosy that is still characteristic of south India to the present. The study does overstate the agency of the leprosy sufferer. Those most likely to be constrained by measures against leprosy emerge as the least powerful members of society, yet both resistance and co-operation are attributed to them. Co-operation was necessary for confinement to be effective and co-operation with treatment was essential for British medical claims to superiority. So it would seem that leprosy sufferers had the power of subversion, and evidence of this is offered in their resistance to the institutional diet, subversion of the working regimes, and avoidance of treatment. Yet the conclusion states that “the medical, legal and cultural structures of their own communities and of British India impacted profoundly on their lives” (p. 191).

In the face of this, the refusal to eat boring food or be productive seems both ineffectually the most and the least that could be done.

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Thomas Scharping, Birth control in China, 1949–2000: population policy and demographic development, London and New York, RoutledgeCurzon, 2003, pp. xvi, 406, £65.00 (hardback 0-7007-1154-6).

China’s one child family policy has received considerable attention in the west since its introduction in 1980. Reports on China’s efforts
to control population growth have described the insistence that couples should limit themselves to a single child, and the coercive attempts by officials to enforce the limit. They have covered the worsening sex ratio at birth and the “missing girls”, phenomena that reflect the absolute determination of most couples to have a son whatever the official policy. Few people, however, are aware that China achieved an extraordinary reduction in fertility in the 1970s before the single child family campaign began. This success was all the more remarkable as a quarter of a century ago rates of urbanization and consumption were low, the population was less literate and peasants were reliant on their children (as they still are today) to support them in old age.

Thomas Scharping’s meticulous study covers every aspect of Chinese population policy from 1949. He shows how the idea that a growing population was good for national power and defence gave rise in the early 1950s to a tendency to deny access to contraception and abortion even to those who wanted them. This gradually gave way to concerns that China’s rapid population growth and poor resource to population ratio were obstructing economic development. As these concerns grew, the leadership moved first to promote contraception and small families, and then to insist on limits of one or two children. After this historical overview, the book deals with the extraordinary organization necessary to impose the policy in the world’s most populous nation, with regional variations, with the popular response to the policy including widespread non-compliance, and with demographic results such as fertility levels, sex ratios, marriage ages and birth spacing.

It is possible to see China’s population policy as an attempt to accelerate the normal process of demographic transition. This has involved persuading people who are still living within a traditional rural setting to abandon the family size preferences that are closely linked to traditional family culture and adopt the lower ones usually associated with industrialization and urbanization. Scharping argues that, although family size preferences have clearly dropped, most Chinese parents would still prefer at least two children. If all couples were free to have two children, however, son preference would then produce an average of more than two births as those who produced daughters defied the regulations and tried again for the boys they wanted. Maintenance of the current comparatively low fertility rates in the countryside is dependent on state control. Even in the cities, where socio-economic development has led people to abandon the large family ideal, state control is still important in enforcing the limit of one.

It is the strength of son preference that makes the single child policy so difficult to implement. As the policy took effect in the early 1980s and reports began to come in of an increasing ratio of boys to girls at birth and even of female infanticide, a great concession was made. Rural parents were in many cases allowed a second child after a suitable gap if their first had been a girl. Despite this concession, the sex ratio continued to rise, reaching 111.8 boys to 100 girls nationally among those under one year in the census of 1990. It seems that the main mechanism at work is the sex selective abortion. This is a difficult issue for the Chinese Party-State.

As in other East Asian countries, in China there is little moral or ethical debate about the practice of abortion itself. However, in keeping with official policy against sexual discrimination, prenatal screening and sex selective abortion are forbidden. Scharping points out that if sex selective abortion were accepted it would help to lower fertility although the sex ratio at birth would certainly rise, exacerbating subsequent problems in the marriage market. As long as sex selective abortion is forbidden many people are tempted to have unauthorized births and thus fertility is pushed up.

Population policy in China involves a great variety of complex and sensitive issues. Scharping has dealt comprehensively with them in this nuanced and scholarly study. It will become the standard work on a very important subject.

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Mark Jackson (ed.), *Infanticide: historical perspectives on child murder and concealment, 1550–2000*, Aldershot, Ashgate, 2002, pp. xiii, 292, illus., £47.50 (hardback 0-7546-0318-0).

The killing of one’s own child is seen as one of the most terrible of crimes. Luc Racaut, in this volume, argues that accusations of infanticide against Protestants on the eve of the French wars of religion reflected the prevailing view of infanticide as “a universal mark of infamy” (p. 34), and only recently infanticide was described as “the ultimate evil” (*Daily Telegraph*, 30 January 2003). However, this attitude stands at odds with the intense pity and sympathy also invoked by the act, which is usually either the desperate finale to a concealed pregnancy or the result of severe post-natal depression. The essays in this multi-authored volume derive from different academic genres and approach the subject in different ways, but together they reflect continuities and changes in the social and legal construction and treatment of infanticide over the last four and a half centuries.

One recurring theme in the book is the social and cultural context that forced single women into infanticide. Johanna Geyer-Kordesch uses legal and literary sources to argue that infanticide must be seen in relation to the “erotic plot” and the “marriage plot”. Both Patricia van der Spuy, for South Africa, and Margaret Arnot, for England, use case-studies to reveal the particular vulnerability of nineteenth-century pregnant women who lacked the support of the father of the child, and Julie Wheelwright’s analysis of recent cases brings home the fact that social instability and insecurity continue to play a large role in the pressures towards infanticide.

Another common subject is the evolving attitude towards the psychology of the mother. J R Dickinson and J A Sharpe argue that the eighteenth-century decline in both prosecutions and the severity of sentencing shown by the Court of Great Sessions at Chester reflected a growing understanding of the social circumstances surrounding infanticide. Dana Rabin argues that this leniency was the product of a culture of sensibility as demonstrated by a gradual increase in psychological defences for unmarried women (previously the conserve of the married), and Hilary Marland goes on to suggest that puerperal insanity became a much more acceptable defence for infanticide in the nineteenth century, allowing women to be treated with compassion while holding them criminally culpable. This tension between the criminal responsibility of infanticidal women and a compassionate view that acknowledges both the special phenomenon of puerperal mania and the social forces shaping such desperate acts is apparent in many chapters, and Tony Ward addresses its implications in relation to British legal reforms of the early twentieth century. Women committing infanticide due to puerperal mania were expected to recover quickly after the post-partum period, and Cath Quinn uses photographs of the accused to draw out attitudes to the rehabilitation of such women. Jonathan Andrews illustrates that officials took a large range of factors, particularly those relating to the domestic situation of such women, into account when determining their dates of discharge from criminal lunatic asylums.

What attitudes to infanticidal women reflect about other cultural attitudes is also brought out in several chapters. Amy Masiola demonstrates what reactions to such women revealed about the fears of the eighteenth-century middle classes in relation to the growing ranks of servants, while Hilary Marland and Cath Quinn argue that the insanity defence implied that the potential for maternity was the potential for insanity.

The essays relate to different countries, derive from different academic standpoints and are heavily weighted towards the eighteenth and nineteenth centuries. While this can detract from comparability, the development of common themes and changes over time is emphasized by the chronological ordering and the introductory chapter by Mark Jackson. Overall, the volume is an important contribution to the understanding of infanticide in a historical perspective.

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Leslie Kleinerman (ed.), *The evolution of orthopaedic surgery*, London, Royal Society of
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Medicine Press, 2002, pp. x, 246, illus. £20.00 (paperback 1-85315-469-5).

This volume, edited by an orthopaedic surgeon, contains contributions from fellow surgeons as well as practitioners of neighbouring fields such as radiology and engineering. The chapters are organized into four sections: after a survey chapter on orthopaedic surgery from the eighteenth to the twentieth century, section one on ‘Major advances in the twentieth century’ deals with arthroplasty of the hip and the knee, arthroscopic surgery and orthopaedic trauma. The second section, entitled ‘The scientific background’, contains chapters on biomechanics, biomaterials, and orthopaedic radiology, whereas the third section under the title ‘Fragmentation of orthopaedic surgery’ covers various specialized subfields, such as hand and spine surgery. The last section consists of only one chapter, ‘Orthopaedics in 2050’, and is devoted to the field’s future.

The editor and authors have clearly spent a lot of time and energy on this book, their specialized knowledge and experience being an invaluable resource. The amount of material accumulated is daunting, the degree of medical expertise used to evaluate it impressive. Medical historians who are interested in the technical aspects of orthopaedic surgery will thus be delighted to find so many useful leads collected in one place.

However, doctors are not historians and one should not expect this book to meet the standards of professional historical practice. Problems arise when the authors depart from their fields of expertise and turn to more general historical subjects. This is most obvious in the survey chapter, which contains a number of factual errors and historical misjudgements. Thus, the importance of Lister’s work does not really lie in the application of Pasteur’s discoveries, nor was Johannes Müller the founder of scientific medicine in Germany. In both instances it is easy to see how the misconceptions came about and how they could have been prevented by a conversation with a medical historian. Similarly, consultation of an expert in medical history could have steered the authors away from their reliance on encyclopædia articles and general textbook chapters toward relevant literature on the subject.

To mention one example, Roger Cooter’s seminal work on Surgery and society in peace and war: orthopaedics and the organization of modern medicine, 1880–1948 (Basingstoke, 1993) is not quoted anywhere in the volume.

The evolution of orthopaedic surgery shows the degree to which historians and medical practitioners live in different intellectual worlds. Like most medical practitioners, the authors of this volume assess past events according to present standards. This is what scientists and doctors usually do in the introductory section of their scientific articles. There they comment on previous work, evaluating it as to its strengths and weaknesses in order to create a suitable context for presenting their own work. It is in this sense, then, that books like the present one are best understood.

Such contributions by medical practitioners are certainly useful and deserve to be praised: on the factual level, they offer a lot of information to the historian. Moreover, they provide a source for understanding practitioners’ aims and objectives. However, as long as the agendas differ so much between historians and doctors, and as long as there is so little co-operation between them, volumes like this one cannot be seen as a meaningful contribution to the critical analysis of past developments that historians of medicine are striving for.

Thomas Schlich, McGill University, Montreal

Steve Sturdy (ed.), Medicine, health and the public sphere in Britain, 1600–2000, Routledge Studies in the Social History of Medicine, London and New York, Routledge, 2002, pp. xiii, 290, £60.00 (hardback 0-415-27906-2).

This volume derives, for the most part, from papers given at the Society for the Social History of Medicine’s annual conference in 1998. It consists of an ‘Introduction’, by the editor Steve Sturdy, and a further thirteen chapters. The latter are grouped together in three parts. The first
of these is ‘Public-private interactions’, with chapters by Margaret Pelling (on the College of Physicians in early modern London); Pamela Gilbert (on public medicine in private spaces); and Andrew Morrice (on medical secrecy in early-twentieth-century Britain). Next comes a section on ‘Voluntary institutions and the public sphere’ with contributions by Adrian Wilson (on the Birmingham General Hospital in the late eighteenth century); Elaine Thomson (on medical women and moral hygiene at the Edinburgh Hospital for Women and Children); Martin Gorsky, Martin Powell and John Mohan (on voluntary hospitals prior to the NHS); and David Cantor (on medicine, charity and emotion in twentieth-century Britain). Finally, we have a group of six chapters under the general heading ‘The state and the public sphere’, consisting of essays by Deborah Brunton (on responses to public health in the Scottish city); Christopher Hamlin (on the concept of “nuisances”); Logie Barrow (on state health in nineteenth-century England and Wales); Bill Luckin (on public health in nineteenth-century London); Sturdy (on official policy on personal health care in the Edwardian era); and, finally, Naomi Pfeffer (on the regulation of abortion in the twentieth century). As will be evident simply from this listing, here we have a wide range of essays covering a wide range of topics and spanning a relatively wide chronological period, an indication that this is—like many edited volumes and especially those deriving from conferences—a work to be dipped into rather than necessarily read from cover to cover.

None the less, there is a common underlying theme to all these pieces to which the contributors, usually successfully, manage to adhere, or at least acknowledge. This underlying theme, clearly laid out in Sturdy’s authoritative and intellectually wide-ranging introduction, is an engagement with the concept of the “public sphere” as articulated by, in the first instance, Jürgen Habermas. As Sturdy points out, in an era of the transfer of formerly public services into private hands, of state surveillance, and of global corporate power, questions about “the structure and function of the public sphere have never been more pressing” (p. 1). However, and again as Sturdy rightly points out, while historians in general have addressed this challenge “[r]emarkably little has been contributed to this endeavour by historians of medicine” (p. 1). Clearly, then, this is an historiographical omission that the volume and its authors seek to begin to correct. In addition, at least as far as Sturdy is concerned, the ideas of Habermas are not to be taken uncritically, and he emphasizes that the essays consciously move beyond the role of discourse in shaping the public sphere to focus on the role of institutions and institutional behaviour—a strategy which is evident even in the brief listing of the subject-matter of the chapters given above.

How successful is this? Although there are always reservations to be made about the coherence of edited volumes, the answer here has to be that both editor and contributors have engaged thoughtfully and fruitfully with (and this is a shorthand) an “institutional” approach to the shaping of the “public sphere”. Indeed, one of the most stimulating aspects of this volume is how the authors have in many cases employed familiar material and given it a new slant whether it be voluntary hospitals, the Royal College of Physicians, or London’s nineteenth-century pollution problems. Indeed it is not often that a reviewer can recommend a work of this type with few reservations, but Medicine, health and the public sphere is a work that does genuinely set an agenda and that should become a reference point for future scholarship. It is also a work which reminds us, as Sturdy passionately suggests, that historical study should underpin our understanding of the present and of future policy options; and of the need for engagement with issues which shape our collective and individual lives, and not least in the sphere of medicine and health care provision.

John Stewart,
Oxford Brookes University

Waltraud Ernst (ed.), Plural medicine, tradition and modernity, 1800–2000, Routledge Studies in the Social History of Medicine,
Book Reviews

London and New York, Routledge, 2002, pp. xiii, 253, £60.00 (hardback 0-415-23122-1)

This volume, the thirteenth in the Routledge series, sits uneasily alongside its predecessors. Just seven of the thirteen chapters fall within the compass of medical history, with the remainder devoted to the assessment of present-day issues, and only nine of the sixteen authors are described as historians.

The collection opens with a case study by James Bradley of the interactions between hydropathy and orthodoxy in early Victorian Britain. This detailed examination of “medicine on the margins” concludes that nineteenth-century orthodoxy needs to be redefined, perhaps as legitimate or scientific medicine. David Arnold and Sumit Sarkar’s chapter on homoeopathy in nineteenth-century Bengal provides a richly textured account of how this was adapted and adopted in north-east India, and how it helped bridge the gap between western and indigenous systems. It rectifies what the authors describe as a surprising lack of discussion on this topic in relation to colonial India. Claudia Liebeskind focuses upon the relationship between Unani medicine, founded by Ibn Sina (980–1037) who integrated Greek humoral medicine into an Islamic framework, and biomedicine. Rooted in a textual study of three hakims (practitioners of Unani medicine) who flourished in the first half of the twentieth century, it examines the power struggle over what constituted science and knowledge.

Walter Bruckhausen and Volker Roelcke describe the German discourse on East African healing practices from the partition of Africa among the European nations in 1885 until the First World War, when Germany lost control of its colonial protectorates in Tanzania, Rwanda and Burundi. They detail the debates about the status of traditional healers, the perceived clash between science and superstition, and the links between African and “folk” medicine. Anne Digby and Helen Sweet’s assessment of the relationship between western and traditional medicine in twentieth-century South Africa is anchored in a study of African nurses trained in missionary hospitals and tests the thesis that nurses are brokers of cultural change. One curious omission is the failure to date the opening of the pioneering Victoria Hospital at Lovedale, founded in 1898, closed during the Boer War, and reopened in 1902. (Nor does the paper note the reaction of a Department of Internal Affairs official to the proposal: “I do not approve of hospitals for Kaffirs”.) The last of the African papers, by Ria Reis, reports on the complex relationship between biomedicine and traditional healing in present-day Swaziland. It evaluates the concept of hybridization, through the treatment of epilepsy. The paper is derived from interviews conducted in 1987–8 with 164 patients or carers, together with a study of one healer’s changing approach between 1988 and 1998.

The remaining six papers demonstrate little awareness of historical methodology. Volker Scheid’s study of plurality, tradition and modernity in contemporary Chinese medicine is concerned with the problematic nature of discourses of tradition and modernity. He states that modernization accelerated after the creation of Nationalist China in 1949 but the basis of his paper is an account of the current practice of Professor Rong, described as a leading physician, author and educator, with whom he studied in 1994. Patricia Laing’s reflections on constructions of Maori healing are based on her own experiences and strategies in coping with breast cancer. Her attempts at historical contextualization are unconvincing, and her comments on the Tohunga Suppression Act 1907 ignore the wider issue of “quackery” in New Zealand medicine at that time. Kate Reed’s chapter on British South Asian mothers and medical pluralism explores the influence of globalization on health beliefs. Her discussion of health discourse, the transcultural flow between Britain and India, and the respondents’ use of health products within India is drawn from interviews with just thirty south Asian women living in diverse parts of Leicester. Maarten Bode’s paper on Indian indigenous pharmaceuticals examines how “over-the-counter Ayurvedic and Unani pharmaceuticals are currently projected to the industry”, focusing on three of the largest companies. Like Reed’s,
his paper examines the contemporary scene, with no historical framework.

The book concludes with two papers on “quackery” and the internet. Michael Hardy’s study of consumerism surveys ten British households, 132 health-related web pages and ten health chat rooms monitored for six hours; there is no attempt to draw parallels with earlier medical advertising. Ned Vankvitch reports on a contemporary campaign conducted by a retired American psychiatrist and “self-described online ‘quack-buster’”. Although the author draws parallels with the 1910 Flexner Report—which evaluated standards of medical education rather than unorthodox medicine—he makes no attempt to indicate how, if at all, things evolved during the intervening ninety years.

The editor’s introduction states that “pluralism” features prominently in current writing on the history and development of medicine and is especially relevant in a “post-modern”, “post-colonial” world. She is critical of the fact that medical historians have been slow to avail themselves of the conceptual and empirical insights of anthropological scholarship, and “inter-disciplinarity”. Many of the contributions to this volume, however, suggest that these other disciplines, if they wish to contribute to historical debate, have some way to go to match the range of evidence and rigorous evaluation practised by historians.

Derek A Dow,
University of Auckland

Thomas Schlich, Surgery, science and industry: a revolution in fracture care, 1950s–1990s, Basingstoke, Palgrave Macmillan, 2002, pp. xi, 349, illus., £45.00 (hardback 0-333-99305-5).

I truly enjoyed this book. It is one of the very few sound historical (as opposed to sociological) studies of post-Second World War medicine that we have. Schlich has brought together all that should be admirable in a good work of history: new material, a fascinating narrative and an informed historiographical approach. During the twentieth century, traumatology was created as a medical speciality as fractures were perceived (by way of insurance companies) as a distinct category of accidents. For the most part, broken bones were treated conservatively. That is, if the skin was intact, a wounded limb was manipulated and immobilized in plaster of Paris for weeks. A broken femur had the patient in bed and in traction for what must have seemed, to the sufferer, for ever. The huge disadvantages of this regime, setting aside the economics, were wasting of the limb and all the possible dangers, notably deep vein thrombosis, of being supine for a long period. A few brave, or foolhardy, surgeons, such as Arbuthnot Lane, practised open reduction. They operated, exposed the bone and used plates, screws and nails to achieve union. In the hands of the skilful great success was achieved but when less adept practitioners copied these techniques the failure, usually meaning wound infection, was there for all to see. The point here is that pre-war fracture management was analogous to the workshop model of industry. Surgeons had their individual approaches, each turning out his (almost invariably a man’s) own product using his own methods. Schlich’s study is a history of Fordism in surgery, the creation of a standard model with interchangeable parts in use everywhere.

In November 1958, thirteen relatively young surgeons in Switzerland met in Bienne and founded an association to promote the systematic treatment of fractures. The group was called AO, shorthand for its full title Arbeitsgemeinschaft für Osteosynthesefragen—the Association for the Study of Osteosynthesis. Osteosynthesis treatment was based on open (operative) reduction and aimed at restoring the original anatomical shape of the bone by using implants, almost immediate post-operative exercise and healing without callus, the lumpy bony scar regarded as essential in conservative treatment. Schlich’s story is a classic account of how an innovation can be made to travel if control is kept at the centre. Standardization was the key to the Swiss surgeons’ success in promoting a method of fracture management that was ultimately to become universal. Schlich’s tale is about how the surgeons had uniform instruments.
and implants made for them, and how they exercised control over where in the world their devices went. It is a story about how they wrote textbooks, organized courses, arranged fellowships and taught their tacit surgical skills to others. It is also a story of resistance, notably in America, and of loss of control with, at times, the failure of osteosynthesis and the inevitable criticism of it. One of the most fascinating narratives in this book is how AO founded a laboratory that came up with a new theory of bone healing that was accepted into the biological mainstream. The new theory, incidentally, also legitimized the osteosynthetic approach. It is hard to do justice to this book in a summary. It is about centre and periphery, control and anarchy, individual and collective knowledge, standardization and inventiveness, workshops and industry, continuity and change. It is a splendid book and a must for historians whatever subject or era they work in.

Christopher Lawrence, The Wellcome Trust Centre for the History of Medicine at UCL

Samuel W Bloom, The word as scalpel: a history of medical sociology, Oxford University Press, 2002, pp. vii, 348, £47.50 (hardback 0-19-507232-4), £19.95 (paperback 0-19-514929-7).

There is such a dense amount of information in this account it takes some time to absorb it and get a clear understanding of the complex mosaic constructed by Samuel W Bloom. The effort is extremely well rewarded, however, by this deeply perceptive and richly documented history of medical sociology in the United States written by one of the discipline’s elder statesmen. Based initially at Baylor University College of Medicine and later at the Department of Community Medicine at the Mount Sinai School of Medicine, CUNY, Bloom was amongst the first generation of medical sociologists to institutionalize the discipline after the Second World War. His personal knowledge of many of the developments he describes is supported by extensive research, which brings the history of this sub-discipline into relief.

Bloom’s analytical structure is uniquely valuable in signposting the critical historical configurations that facilitated the establishment of medical sociology as a title that covered a mutable, protein-like range of intellectual activities and educational practices. Medical sociology emerges from Bloom’s study as a flexible system of values and methodologies, constructed out of the highly porous boundaries of sociology, anthropology and social psychology. The analytical focus of medical sociology and its intellectual goals shifted according to the location in which it was based, the source of funding underwriting it, the political or educational role it was attempting to fulfil and the personalities who were determining how it should be defined. Nevertheless, Bloom persuasively offers a synthesizing telos to these multiple intellectual trajectories, residing in the emergence of medical sociology as a behavioural science of health and illness.

Bloom carefully differentiates the intellectual origins of medical sociology from the amorphous relationship of medicine and the social sciences that began to develop in Europe from the early nineteenth century. Social medicine, he suggests, emerged during this period more as a reform movement, aiming to relieve social inequality through political interventions.

By the interwar years of the twentieth century intellectual developments within sociology in the United States began to offer a theoretical basis for a scientific study of medicine as a set of social relations. Two approaches emerged which focused on medicine as a sample case for examining broader social processes. One developed out of the Pareto seminar of L J Henderson at Harvard and the other from the historical sociology of technological innovation undertaken by Bernhard Stern at Columbia. Bloom provides a convincing interpretation of the contribution of each school of thought and their progenitors, dismissing the political extremism attributed to both by later critics. Perhaps the most significant outcome of the interwar intellectual differentiation of the social
scientific study of medicine was its influence upon Talcott Parsons and the development of his theory of the sick-role which made medical relations a central example of a functionalist model of social organization.

New funding opportunities facilitated the expansion of medical sociology as a discreet discipline with its own intellectual paradigms and research subjects. Perhaps the most fascinating aspect of Bloom’s analysis is his explanation of how the institutionalization of medical sociology was structured by the sources of research funding. Since before the Second World War, the most receptive division of medicine to the social sciences had been psychiatry, and in the post-war period the first director of the National Institute for Mental Health (established by the Mental Health Act of 1946), Robert Felix, created a home for the social scientific study of medicine by setting up a socio-environmental laboratory. It was within the context of the NIMH that medical sociology became identified as a behavioural science. Apart from avoiding association with what Bloom states was perceived as “political deviationism”—some of the research projects funded by Felix were attacked by Congress as “communistic”—Felix’s understanding of medical sociology as a behavioural science was grounded in an intellectual vision that “everything is behaviour” (p. 162).

The most profound conclusion to be deduced from Bloom’s richly informed and nuanced account of his discipline and those who defined it in the post-war period is that the development of medical sociology as a behavioural science separated it from socialism in more than name only. The failures of the discipline in policy advocacy were compensated for by the utility of its knowledge for health management, which was embraced by a wide range of health care providers and those who trained them. The promise of improved effective medical and bureaucratic management of health and illness either for individuals or populations opened the door for the social sciences to curricula designed to train clinicians and public and community health officers and practitioners.

But for Bloom the most important reward for the construction of medical sociology as a science of behaviour was the accomplishment of objectivity that distinguished it from polemical advocacy. The professional identity of medical sociology summed up in the bye-laws of the Section within the ASA provided the discipline with an epistemological status that belied accusations of being nothing more than an advocacy vehicle. As Bloom points out, the struggle to establish their status as objective knowledges denied the social sciences the funding advantages enjoyed by the natural sciences, regardless of the political colour of government administrations. For successful academic institutionalization, medical sociology needed to acquire legitimate authority through—as the bye-laws stated—“efforts in both teaching and research to develop the concepts and principles of behavioural science (sociology, anthropology and social psychology) as they apply to problems of health and illness” (p. 236). Influential in the creation of the Section from the outset, Bloom received its highest honour in 1989, “The Leo G. Reader Award for Distinguished Service to medical Sociology” (p. 240).

Bloom argues that objective intellectual enquiry is the only protection the discipline has from becoming a “hired gun” of government agencies or special interest groups requiring targeted research. He worries that the scarcity of resources to support independent research may encourage such trends but this would undermine the “heart of the enterprise” (p. 283), which for him is to retain the status of independent science on the one hand and trusted service on the other. Retaining the heart of the enterprise also depends, Bloom believes, on addressing the forces that are dehumanizing medicine as the psychosocial dimensions of health care are dramatically undermined by the structural pressures that turn provision into a commodity. For Bloom, the challenge for the social sciences of medicine is maintaining human relations as the core of the medical agenda.

Dorothy Porter,
University of California,
San Francisco
**Book Reviews**

**Charles F Wooley,** *The irritable heart of soldiers and the origins of Anglo-American cardiology: the US Civil War (1861) to World War I (1918),* The History of Medicine in Context, Aldershot, Ashgate, 2002, pp. xvi, 321, illus., £57.50 (hardback 0-7546-0595-7).

Charles Wooley is a cardiologist who has been writing about the history of the “irritable heart” for some time. This book brings together material from some of his earlier papers on the topic, adding additional context and details that help to situate the historical importance of the “irritable heart of soldiers”. Wooley frames his discussion with arguably two of the most horrible wars ever fought: the US Civil War and the First World War. During these wars—as well as others—many thousands of soldiers were incapacitated due to a vague constellation of symptoms that included varying amounts of dyspnoea, palpitations, chest pain, and easy fatigability. Not surprisingly, physicians who saw these men often concluded that the cause of their symptoms was heart disease. As an often under-appreciated, common reason for soldiers to have to withdraw from the fray, heart disease became a topic for discussion in military camps and elsewhere. There physicians debated whether soldiers suffering from these symptoms were truly ill, and, perhaps most important to them, how soldiers could best be treated so as to enable their commanders to send them back into battle. Although he explicates just why this issue was so important to the military forces of the day, Wooley’s underlying subject matter is far broader than simply the issue of heart disease in soldiers. The book’s central theme is the struggle to classify people suffering from functional and organic heart disease. This is a clinical history of ideas, and although the author occasionally makes reference to the world outside medicine, his focus is clearly on events within medicine. His belief that one can use contemporary clinical terms to analyse past diseases will doubtless cause some historians some discomfort. Much of the book comes from the author’s very careful reading of primary sources, often with rather extensive quotations from those sources. Included are many “mini-biographies” of men who played key roles in changing the definitions of heart disease. These men also played instrumental roles in gathering together groups of physicians who would come to define the field of cardiology in the United Kingdom and the United States.

**Joel D Howell,** University of Michigan

**Michael Neve** and **Sharon Messenger** (eds), *Charles Darwin: autobiographies,* Penguin Classics, London, Penguin Books, 2002, pp. xxvi, 98, £6.99, US$11.00 (paperback 0-14-043390-2).

This edited volume comprises Darwin’s ‘Recollections’, written between 1876 and 1881, and a short autobiographical ‘Fragment’, penned in August 1838. The editors and the publishers are to be commended for making these important texts inexpensively available to the wide audience they deserve. For whilst Darwin’s reflections are a valuable resource for historians of Victorian science, as a personal portrait of a deeply troubled, anxious and kindly (if somewhat egotistical) man, Darwin’s reminiscences are enthralling and often profoundly touching. In this latter respect they also serve a broader function. As a needed corrective to Lytton Strachey or Samuel Butler’s dyspeptic analyses of the Victorian patriarch, Darwin’s words give us glimpses of candour and humanity from a period so often presented as steeped in affectation, hypocrisy and cant.

The chief merit of this particular volume is the fine introduction provided by Michael Neve, in which he discusses eloquently what the autobiography says about Darwin’s own self-image, the audience for which his reflections were intended, and how Darwin adapted the former to the latter. Neve correctly insists that Darwin’s autobiography is not a work of unrestrained catharsis. Written exclusively for the consumption of his immediate family, Darwin imbued it with didactic purpose. Sieving and interpreting his own history, he sought to convey to his children the importance of industry,
honesty and independence. There is no substitute for hard slog was Darwin’s repeated, Smilesian refrain.

Neve’s introduction is also useful in that it explores what Darwin left out of his autobiographical reflections. For instance, Darwin was extremely reticent about the death of his mother, though this should not be taken to imply that he had recovered from her loss. And he was no less circumspect about many of the structures and supports that made his scientific career possible. Darwin presumably believed in his rhetorical construction of himself as a self-made man of science. But Neve rightly emphasizes the vast colonial infrastructure of ships, men and communications that made Darwin’s voyage and his collection of specimens possible. Likewise, his webs of informants, family connections, allies, female editors and translators typically enjoyed only cursory mention in his autobiography, but we need to remember the essential roles they played in the genesis and presentation of Darwin’s ideas.

The introduction closes with a discussion of his exegesis on ‘Religious Belief’, Darwin’s sincere attempt to persuade his wife and family that it was a surfeit, not an absence of compassion or humility, that drove him to agnosticism. For all the warmth of Charles’s relationship with Emma, his rejection of revealed religion drove a wedge between them and brought both considerable pain. Yet the rift between Charles and Emma on the subject of religion illuminates more than an important, and rather tragic, aspect of their private worlds. As Neve points out, like all the best autobiographies Darwin’s provides a microcosm of much more prevalent tensions in late Victorian society. And rarely is the crisis of faith more palpable than in Darwin’s moving and heartfelt prose.

John Waller,
University of Melbourne

This “millennial issue” of the Royal Society’s history of science journal differs little from normal issues except in the content of the customary brief preface by the then editor, Sir Alan Cook FRS. When Notes and Records of the Royal Society began under the anonymous editorship of the then librarian, H W Robinson, it was conceived as an “in house” periodical detailing the current affairs of the Society (now long since transferred elsewhere) together with some brief historical notes, to be distributed exclusively to Fellows. By 1940 it had begun to be what it has remained, a learned journal devoted to any aspect of the Society and its Fellows, with articles by both Fellows and non-Fellows and normal rules of subscription. Since 1960 it has been edited by a (named) Fellow with the assistance of a committee or advisory board (nowadays named in each issue) always containing some historians of science or medicine. The journal now appears three times a year and the previously sober cover has been replaced by an attractively coloured and illustrated one, different for each issue. The prevailing tone tends to be factual rather than analytical so that it usefully complements existing professional journals.

Although articles on medical Fellows (who were most numerous in the nineteenth century) are not common in Notes and Records, there are usually some biologically orientated articles well worth reading. Here are a dozen mostly short articles together with a book review (usually several), the annual Anniversary address by the President (Sir Aaron Klug) and a note by a member of staff on Jstor, which permits access to the Society’s scientific journals since their commencement in 1665. Readers of Medical History can surely find the general articles here of interest, these being ‘The history of science and the image of science’ by William Shea, who considers briefly the public attitudes to science at the present time; an intriguing survey of “Predictions”, a well-chosen review of the (mostly erroneous) attempts by distinguished
scientists to predict likely and unlikely achievements in science and technology, by John Meurig Thomas FRS; and ‘History of science and technology in education and training in Europe’ by Professor Claude Debru of Paris, an abstract of a lecture given at an international conference on the subject. There are also a number of articles for biologists: Brian Ford on ‘The Royal Society and the microscope’, a well illustrated account of its history from 1663 to the present, best on the later period; Graham E Budd on the ideas of various Royal Society Fellows on palaeontology, from the seventeenth century to the present, also best on the later period (specifically note 5 is incorrect and the citation is erroneous); G E Fogg FRS, ‘The Royal Society and the South Seas’, the longest article and the most like usual articles in the journal, an excellent factual survey; and two brief articles by the editor, ‘Pictures of plants illustrating exotic collections’ (in the Society’s archives) and ‘Royal weather’ surveying a few of the Society’s contributions to meteorology. Less relevant are two further articles by the editor, ‘Time and the Royal Society’ and ‘The centenary of the National Physical Laboratory,’ and ‘Zenographic longitude systems and Jupiter’s differential rotation’ by Raymond Hide, only for the mathematically and astronomically competent.

Marie Boas Hall,
Tackley, Oxon

Robert Arnott (ed.), The archaeology of medicine. Papers given at a session of the annual conference of the Theoretical Archaeology Group held at the University of Birmingham on 20 December 1998, BAR International series 1046, Oxford, Archaeopress, 2002, pp. v, 128, illus., £25.00 (paperback 1-84171-427-5).

Collaboration between medical historians and archaeologists, which was a feature of the Theoretical Archaeology Group conference held in Birmingham University in 1998, is vital. A concern that emerges from many of the papers in this collection is the difficulty of interpreting historic, textual information: enlightenment comes when it is analysed in conjunction with the examination of archaeological evidence. The papers encompass almost 4000 years of history from the Hittites of Asia Minor, ancient Egyptians, Greek and Roman medicine, Anglo-Saxon and Tudor periods until the near present.

An overview of palaeopathology by Charlotte Roberts explores sources such as skeletal and mummified remains and historical documented evidence, and discusses the importance of archaeologists having some medical knowledge and interested clinicians receiving archaeological training. She cautions against damage to skeletal material with no clearly defined aim as it is a non-renewable resource. Macroscopic and radiographic examinations are of fundamental importance. The CT scanning of the mummies illustrated by Joyce Filer provides maximum information without destruction of the specimens.

Chrissie Freeth notes the universality of dental disease. From Babylonian times until the eighteenth century, toothache was believed to be caused by the “tooth worm”. There were many weird suggestions for curing toothache and for the spontaneous exfoliation of a tooth. One example is a prescription by Pliny to touch the offending tooth with the frontal bone of a lizard during a full moon. Despite evidence of dental therapeutics in papyri and other texts, it is surprising that there is so little archaeological verification.

Robert Arnott, the editor, describes written evidence concerning magical medicine in the Hittite Empire and in contemporaneous correspondence which indicates that treatments were imported from Mesopotamia and Egypt. He advises the instigation of the study of skeletal material as the next step.

Caution is advocated by Niall McKeown in the reading of literary evidence. The Hippocrates considered that invasive medical intervention of the body was likely to result in death. The most common procedures were draining of pus and amputations. Most treatments were based on exercise, diet and pharmacology. In her paper about Roman military valetudinaria, Patricia Baker writes about the problematic identification
of buildings as hospitals and warns against comparison with the layout of modern hospitals. Sites previously believed to be hospitals may have been used for storage.

Ralph Jackson finds that instruments identified as surgical were finely crafted, and the more common “quasi medical implements” might have had a cosmetic use. From the first century AD there was consistency in form of the mainly bronze or brass instruments. However, Roman blacksmiths could produce steel instruments and in some regions ore yielded natural steel.

Several papers deal with pharmacology. Marina Ciaraldi warns that the “use of modern knowledge of medicinal plants to interpret archaeological assemblages can lead to erroneous conclusions”. Plant remains in dolia in the Villa Vesuvio were compared and were consistent with preparations found in writings by Pliny and Dioscorides.

Debby Banham uses a compilation of four collections of recipes for her investigation of Anglo-Saxon materia medica. However, this is complicated by botanical name changes throughout history. Sally Crawford and Tony Randall also examine an Anglo-Saxon text, _Bald’s Leechbook_, and are of the opinion that, although the described medicine was highly developed, archaeological resources are necessary to confirm the recipes. In his paper about the Mary Rose medical chest, Brendan Derham describes how he examined the contents of the forty-four artefacts found in the barber-surgeon’s cabin by various analytical techniques and found medicaments still in use today.

The final papers deal with more recent discoveries. Mouli Start writes about the burials at the Newcastle Infirmary between 1753 and 1845. The majority of skeletons are disarticulated and she speculates that some of the bodies were dissected while this was illegal before the Anatomy Act of 1832. The paper by Megan Brickley concerns the recognition of osteoporosis-related fractures in the eighteenth and nineteenth centuries using historical sources. These papers, edited by Robert Arnott, emphasize the importance of co-operation between medical historians and archaeologists in revealing everything possible about medical archaeology.

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Bernadette Bensaude-Vincent and Christine Blondel (eds), _Des savants face à l’ occulte, 1870–1940_, Sciences et Société, Paris, Éditions la Découverte, 2002, pp. 234, €17.50 (paperback 2-7071-3616-6).

This collection of articles explores the relationship between French science and what ended up being termed the paranormal or occult. In fact the entire volume is devoted to the social and cultural construction of these terms as two polarities in the field of knowledge. The term occulte in the 1870s referred to an as yet unexplained but natural phenomenon likely to be scientifically explained in the imminent future. Science, on the other hand, had a broad spectrum of applications and could be combined with a multitude of apparently contradictory beliefs. Philippe Murray in his controversial _Le Dix-neuvième siècle à travers les âges_ (1984–1999) explored these apparent contradictions. As this collection demonstrates, the revival of magnetism and spiritualism from the mid-1850s always faced a mixture of scientific fury and open-minded puzzlement that led the spiritualists to establish their lines of enquiry and their publications in a para-scientific manner.

These articles are for the best part descriptive rather than analytical but they all illustrate, in varying degrees of depth, how scientists, journalists such as Camille Flammarion making a trade of disseminating scientific knowledge, or philosophers, could engage with notions of magnetism harking back to Mesmer or even spiritualism imported from the United States in the 1850s. It is less the breadth of support for notions of the occult than the combination of occultism and positivism that is specific to France. Flammarion, discussed by Nicole Edelman, is in this sense archetypal of a scientific interest in the occult. Named by the spirit leader Allan Kardec as his heir,
Flammarion articulated on Kardec’s grave in 1869 a scientific approach to the occult which aimed at establishing spiritualism and magnetism as objects of science. Where Flammarion parted company with Kardec’s school was when he explained the communications with the dead as “the exteriorisation of thought” (p. 121). This communication led to spiritualists denouncing him as their own Dreyfus.

The shadow of the Dreyfus affair looms also over the case of Léonie Leboulanger, the Normand sleep-walker servant-medium, who, when asked by Dr Joseph Gibert questions regarding Dreyfus’ guilt in 1895, claimed his innocence and announced the existence of secret documents. Almost incredibly, on this psychic evidence alone, Gibert went to meet his friend the president of the Republic, Félix Faure, in order to plead for Dreyfus three years before the affair reached its peak. Anti-Dreyfusards also had their mediums, and the Dreyfusards chose to tar them with the brush of obscurantism and ignorance befitting their clerical sympathies (this in spite of the Church’s opposition to spiritualism). The Dreyfusards claimed to bring rational and forensic methods to bear on the analysis of the case, and this methodical engagement on the side of “truth” sat uncomfortably with the spiritualist origins of their cause. Yet Mathieu Dreyfus, the brother of Alfred, went to Léonie himself and sought the evidence of his brother’s innocence in her oracular statements as well as details of his conditions of detention on Devil’s Island. Apparently, she predicted the Great War and the death of his sons into the bargain.

Charles Richet, later winner of the Nobel Prize for Physiology or Medicine and the man who introduced Charcot to hypnotism, was one of those who could comfortably combine his political, scientific and paranormal beliefs but only by distancing them from the sectarian forms taken by spiritualism. As Christine Blondel points out about Eusapia Palladino, a European star of spiritualism observed by Cesare Lombroso, Gustave Le Bon, Henri Bergson, Pierre and Marie Curie, and a myriad other prominent men and women of her day, the scientific method is challenged by the irregular, whimsical and sensitive nature of the “experiments”. Eusapia, known to be a fraudster on some occasions, thus became a subject of forty-three experiments between 1905 and 1907. She recognized the possibility that, under excessive pressure for results, she might, unconsciously, attempt to obtain the desired effects. Her acquaintance with theatre and illusionism from a first marriage contributed to her dextrous handling of sessions even under observation. While she managed to convince many of her observers, some, like Le Bon, remained sceptical and denounced the fraudster.

Yet in the days of X-rays and radioactivity, psychic fields could find by homology the scientific plausibility spiritualists had craved for so long. The medium as transmitter fitted well with the exploration of neurones and electromagnetic forces. The absence of reliable records, the impossibility of falsifying experimentally, would eventually lead to increased suspicion, especially as illusionists and mediums tended to merge on the stages of the music halls of Europe. Yet, as Blondel notes, the gender politics of the occult deserve to be considered in more depth: Eusapia, the illiterate peasant from southern Italy, could speak in tongues and mimic the scientific jargon of the countries she had visited, she could use her body to lift tables and impress the sharpest scientists of her age.

From 1910 to 1930 spiritualism became the target of much scientific scorn and was denounced by professional illusionists. The susceptibility of scientists to the unknown is also demonstrated in Richet’s episode of ghost hunting at the Villa Carmen in 1905–6. Pascal le Maléfan defines the Villa Carmen incident as a turning point in the western episteme whereby Richet’s hopes of finding ghosts, and especially a young female one, became open to a psychoanalytical reading. The incidents that took place in Algiers in an atmosphere worthy of a play by Noël Coward showed the scientist as victim of hysteria and fraudsters. The main hoaxter later resurfaced under a different name after the war as one of the leading ectoplasmic mediums. The First World War had created a market of desolate widows and grieving people desperate to communicate with the dead and susceptible to being relieved of their cash. The
last article on radiothérapie and rationalists shows how even water divination and the use of the pendulum failed to find scientific support in the 1930s or to establish its own scientific credentials for lack of coherent causalities. The book as a whole argues that science constructed itself against paranormal and occult occurrences but that this process which really established the incompatibility of science and occultism took nearly forty years to set rigid boundaries.

The focus of many articles in this book tends to be on the stars of the medium world: Eusapia Palladino, Alexis Didier, Léonie, and on events such as the meeting of Robert Houdin, the music hall illusionist and great denouncer of tricksters, and Richet’s ghost hunting. The background flurry of spiritualist activities and scientific encounters is alluded to only through these great names and stories. This demonstrates how complex these matters are and how much more research could be undertaken in this field.

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Nick Hopwood, *Embryos in wax: models from the Ziegler studio, with a reprint of “Embryological wax models” by Friedrich Ziegler*, Whipple Museum of the History of Science, University of Cambridge, and Institute of the History of Medicine, University of Bern, 2002, pp. x, 206, 32 pp. colour illus., 100 halftones, £13.50 (paperback 0-906271-18-5).

Although wax-models played a significant part in the making of natural knowledge, only recently have historians started to devote systematic attention to them. Nick Hopwood’s *Embryos in wax* reconstructs the story of wax-models of embryos from the end of the eighteenth-century to the days in which new experimental agendas and the wider political events of the twentieth century resulted in the quiet withdrawal of the models to museums and institute stores. Documenting the models of the Ziegler studio, and discussing a variety of aspects associated with their making and use, this very well-crafted work sheds light on a practice and a set of objects that for more than half a century lay at the very heart of embryology. Reproducing Friedrich Ziegler’s last catalogue of the models as well as a rich and lavish selection of photographs and colour plates, this study brings together fine scholarship and unexplored source material. At the same time, it also allows readers to navigate with great ease across both verbal and non-verbal domains.

From the end of the eighteenth century those who engaged in the modelling of embryos could build on the achievements of anatomical ceroplastics. Yet, the representation of embryos gave rise to new problems. Models of embryos were supposed to track the early stages of life. As embryology moved from miniature representation of children to the investigation of progressive development, wax-modellers were charged with the task of visualizing processes that took place over time and out of sight. *Embryos in wax* reconstructs how models contributed to the conceptualization of embryos as isolated objects of investigation that were defined independently of the body of the mother. It elucidates how the choices that underlay the three-dimensional representations of embryos had social and political as well as theoretical implications. Thus, for instance, embryos in wax not only stimulated medical debates between evolutionary and mechanical approaches to embryology, and informed views of normal embryonic development, they also lay at the centre of forms of expropriation and exploitation of the female body, corroborated more or less elitist views of society, epitomized visions of progress, and substantiated eugenic anxieties. Associated with “the lower-status activities of teaching and popularisation” (p. 3), models of embryos have long lingered at the margins of historical investigations. Along with other objects, they have borne the consequences of an enduring divide between things, traditionally characterized as mute, silent and opaque, and words, typically fashioned as the privileged medium of communication. Placing models at the centre of a complex interplay between things, people and words, Hopwood’s work shows that, in fact, models of embryos made sense of people.
Book Reviews

Relating to the Early Modern History of Ideas, vol. 28, Amsterdam and Utrecht, APA—Holland University Press, 2002, pp. 304, illus., €50.00 (paperback ISBN 90-302-1098-2, ISSN 0304-0003).

The Dutch scientist second only to Boerhaave in international renown in the middle years of the eighteenth century, Petrus (otherwise Peter) Camper was typical of his time in bringing a restless intellectual curiosity to bear on a wide range of different subjects. Primarily a comparative anatomist, he made significant contributions to surgery, obstetrics, and ophthalmology as well. He discovered air spaces in bird bones and studied the hearing of fish and the croaking of frogs, while his measurement of the facial angle and his introduction of Camper’s line notably furthered the young discipline of physical anthropology. From pioneer dissections of then little-known mammals, including an elephant and whales, he was later to apply his expertise to the identification of fossil vertebrates.

At the same time, Camper was untypical in the privilege he enjoyed from middle life in having the economic option of either continuing in a successful medical career as a university professor and consultant, or of retreating into rural seclusion and comfort to spend his days in private research and writing. It was an option he exercised in favour of the latter twice. He owed it to late marriage to a burgomaster’s widow of great wealth, a change in circumstances for which he paid a price in role ambiguity and in a sense of public obligation as a landowner, which ultimately led to high office. He seems to have been temperamentally ill-suited to a political life and retired from it depressed and frustrated.

During the two years, 1785–7, leading up to his nomination as President of the Council of State of the United Provinces, Camper conducted an extensive correspondence with his third son, Adriaan, then following his father in a political career and in enjoying a leisurely grand tour which included a lengthy residence in Paris. Two collections of these letters, seventy-one by the father and fifty-one by the son, have survived and are now in the university libraries of

Hans Bots and Rob Visser (eds), Correspondance, 1785–1787, de Petrus Camper (1722–1789) et son fils Adriaan Gilles Camper (1759–1820), LIAS Sources and Documents
Amsterdam and Groningen. Most of them in French but a few in English, they document on a day-by-day basis Adriaan’s attempt to interest Georges Buffon in publishing the anatomical discoveries made by his father in his dissections of monkeys and whales. Buffon, by then old and feeble, expressed great admiration of the drawing that had resulted but could not be pinned down to acting in accordance with the father’s wishes. In the end the negotiations came to nothing, and another thirty years elapsed before Adriaan saw into print the work on whales (only), long after his father’s death.

One of the editors of the publication under review, Rob Visser of the University of Utrecht, published in 1985 an authoritative account of Camper’s zoological work and was consequently well-placed to realize the value of this correspondence for historians of the life sciences. This value resides most particularly in the light the letters shed on Camper’s ways of working and intellectual preoccupations, in how his dissections had led him to view zoology in a very different way from Buffon, despite their shared antipathy to Linnaean method, and in how research on fossils was creating altered perspectives that would serve to shape the emerging discipline of palaeontology.

The production of the volume is excellent and the editorial annotation all that one could hope for.

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Vivian Nutton (ed.), The unknown Galen, Bulletin of the Institute of Classical Studies, Supplement No. 77, London, Institute of Classical Studies, 2002, pp. viii, 179, £45.00 (paperback 0-900587-88-1).

The remarkable and rapid growth of Galenic studies in recent years is reflected in this volume of conference proceedings. It is concerned with a number of Galenic works that, for a variety of reasons, were not included in the old—but in many respects still indispensable—nineteenth-century edition of Galen’s works by Carl Gottlob Kühn. Some of these works survive only in Latin, Arabic, Syriac, Hebrew or Armenian translations, whereas for others the Greek tradition was not yet available to Kühn—and indeed this corpus of new Galenic works, or parts thereof, or new versions of works already known, continues to be supplemented by new, sometimes spectacular discoveries. ‘Galen beyond Kühn’, the original title of the 1999 conference, would perhaps have been a more appropriate title for the volume, considering that even to Galen specialists, let alone to the wider scholarly community, many of Galen’s works as included in Kühn are even more unknown (and even more inaccessible) than the works singled out for discussion here. For one thing, these works have at least received a proper critical edition and in most cases some further scholarly treatment—something which still cannot be said of, for example, Galen’s pharmacological writings as included in vols. 11–13 of Kühn’s edition. As always, new discoveries attract more immediate attention and excitement, but this should not obscure the urgent need for study of works “known” but left untouched on the library shelves for centuries.

Having said that, this collection is a welcome and valuable addition to scholarship, though obviously more for the individual contributions it contains than for any unifying theme or umbrella under which they are brought together. After the editor’s introduction (‘In defence of Kühn’), in which the principles and the limitations of Kühn’s editorial project are positioned against the background of medicine and medical historiography in early nineteenth-century Germany, discussions follow of Galen’s On the parts of the medical techne (Heinrich von Staden), On the thinning diet (John Wilkins), Introduction to logic (Suzanne Bobzien), On unclear movements (Armelle Debru), the Arabic books of On anatomical procedures (Julius Rocca), and the Commentary on Hippocrates’ Epidemics book II (Rebecca Flemming, concentrating on the gynaecological sections). In addition, Véronique Boudon discusses new Arabic evidence for the text of On my own books (the Greek text of which was edited by Müller in 1891 in the Scripta minora), Emilie
Savage-Smith deals with references to Galen’s lost writings on ophthalmology as testified in the Arabic versions of Alexandrian summaries, and Gotthard Strohmaier gives a more general account of the reception of Galen’s works in Arabic literature. Gerrit Bos covers the reception of Galen in Maimonides’ Medical aphorisms, while Michael McVaugh examines references (mostly in Guy de Chauliac) to lost parts of the Latin tradition of Galenic works (especially the Method of healing). Somewhat apart from this stands Diethard Nickel’s critical (and largely negative) discussion of C J Larrain’s attempts (published in 1992) to identify hitherto unknown parts of Galen’s lost commentary on Plato’s Timaeus.

The volume concludes with an appendix listing scholarly editions of Galenic works not printed in Kühn (though unfortunately not all principles of selection on which this is based are not sufficiently clearly explained to account for the absence of, for example, Lyons’ edition of In Hippocratis de officina medici commentarii, and Stroppiana’s edition of De dissezione vocalium instrumentorum, or Jelinek’s translation of De anima). There is also an index of names and topics and an index of Galenic passages quoted. The latter is symptomatic of the somewhat restricted scope of the volume, most contributions providing a rather descriptive account of the texts in question and their relationship to other Galenic works, although some contextualization is not wholly absent: thus von Staden sets the divisions of medicine as made in Galen’s text against the historical background of medical specialization and urbanization in later antiquity, Bobzien discusses the Peripatetic background of Galen’s treatise on logic, and Flemming draws parallels with other gynaecological literature such as Soranus.

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Burghart Wachinger, Erzählen für die Gesundheit. Diätetik und Literatur im Mittelalter, Schriften der Philosophisch-historischen Klass der Heidelberger Akademie der Wissenschaften, vol. 23, Heidelberg, Universitätsverlag C Winter, 2001, pp. 44, illus., €9.00, SFr 16.50 (paperback 3-8253-1243-7).

Late medieval Regimina sanitatis, wide-ranging guidelines for a healthy life, contain much more than just advices concerning food and drink. In accordance with contemporary medical conceptions, they also, for example, deal with sleep and insomnia or ways of stirring the mind in order to maintain or restore the balance of the four humours. Story-telling as well was thought to promote health and thus assigned a small place in the Regimina sanitatis.

Burghart Wachinger’s erudite and well written study focuses on just this “story-telling for health” and its function within the medieval literature in general and the German medieval literature (so far neglected in this context) in particular. The subject occupied the author for several years. His small booklet is the excellent result of long reflection. A first version of Wachinger’s study was presented to Gerhard Fichtner in honour of his sixtieth birthday in 1992. Critically revised and several times modified, the paper was delivered to the Philosophisch-historische Klass der Heidelberger Akademie der Wissenschaften on 25 November 2000.

After a short introduction, the study is divided into three main chapters. The first refers to the place story-telling occupied in the medical tradition. Several contemporary authors such as the physician and author Heinrich Steinböwel in 1473 and the surgeon and printer Hans Folz in 1482 underlined in their medical works the positive influence of story-telling on the mind and thus on health. In particular, the so called Tacuinum sanitatis, based on an Arabic medical text composed by the physician and Christian theologian Ibn Butlan in the eleventh century, emphasizes the important role of story-telling in the restoration of health.

The second chapter deals with the introduction of the Regiminas’ recommendations in literary discourse. Wachinger describes how medieval authors, by drawing on the Regimina’s advice concerning story-telling, managed to legitimate
literary works that otherwise did not conform to moral or religious standards, particularly certain kinds of merry and frivolous tales. Within the German-speaking areas such patterns of legitimation developed much later than in western and southern Europe. While the so-called *Mensa philosophica* published in Cologne around 1479 seems to be the first example employing these patterns, earlier attempts to legitimize similar works can be observed at the court of the Emperor Charles IV at the time of the Black Death.

That leads Wachinger to the subject of the third chapter of his booklet, Boccaccio’s well-known *Decamerone*, which is more than any other contemporary work reveals the relation between health, disease and literary freedom. Well-chosen illustrations complete the exquisite text. Without any doubt, the booklet is worth reading. This interesting subject offers various possibilities for further investigation in a number of fields.

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*Marie-Louise Thomsen* and *Frederick H Cryer*, *Witchcraft and magic in Europe: biblical and pagan societies*, The Athlone History of Witchcraft and Magic in Europe series, vol. 1, London, Athlone Press, 2001, pp. xvii, 168, illus., £50.00 (hardback 0-485-89001-1), £17.99 (paperback 0-485-89101-8).

The concept of a series on witchcraft and magic in Europe beginning with a treatment of Mesopotamia and the Bible has much to commend it. The cultural impact of Mesopotamia and the Bible on Europe was crucial, and incidentally much greater than that of Egypt, although systems of magic were roughly contemporary. The present book is a useful starting point, providing a general survey of witchcraft and magic with good examples of magical texts in translation. Although not actually stated *per se*, the implicit assumption of the book is that Mesopotamian magic and witchcraft influenced biblical literature, reflecting a wider cultural Near Eastern context of the Bible, and the Bible later influenced European culture after the spread of Christianity (and to a lesser extent Judaism) to Europe.

The book covers a wide range of relevant topics, with particular attention being paid to the art of witchcraft, followed by examples of protective magic, amulets, exorcisms, and use of figurines, and other ritual forms of magic from Mesopotamia. Biblical evidence is less well attested, with relatively few examples from the Old Testament for healing or exorcism, but these are treated comparatively with the Mesopotamian material. So far so good.

There is a general problem with this work, which arises from the particular expertise of the two authors, both of whom have previously written intelligent books on related subjects. Thomsen’s book on *Zauberdiagnose und Schwarze Magie in Mesopotamien* (Copenhagen, 1987) broke new ground in discussing many aspects of Mesopotamian witchcraft, with numerous examples from previously untranslated texts, both from the magic and medical corpus, and with technical discussions of the system of witchcraft. Cryer’s book on *Divination in ancient Israel and its Near Eastern environment* (Sheffield, 1994) was a sensible treatment of the subject in both Mesopotamia and the Bible, which is somewhat unusual these days. Unfortunately, the present book is an attempt to cover the larger field of “magic” by presenting a less technical and more general discussion for a popular audience, but depending predominantly upon their previous respective works in related fields. The result is predictable. Thomsen’s bibliography, for instance, hardly includes any work published after 1987, although the present book was published in 2001, and she gives too much prominence to witchcraft within the context of magic; witchcraft was only a sub-category of ancient magic, and not even the most important component. Cryer, on the other hand, confuses divination and magic and assumes divination to be part of magic, without considering the possibility that divination in antiquity was treated as a separate discipline and endeavour. Divination was the responsibility of the *bara* priest in Mesopotamia, while magic was
conducted by the āšipu or exorcist. Magic was used to counteract a bad omen (in so-called Namhrubi incantations). Otherwise, there was no magic in divination or prophecy; the processes and theory and practices of divination and magic had little in common.

The title of the book includes the words “witchcraft” and “magic”, but there is no attempt to distinguish between these two activities, which causes some difficulties in interpretation. As Thomsen herself points out (p. 32), the Babylonian Diagnostic Handbook was used theoretically by the exorcist as a means of prognosis by examining symptoms derived from observing the patient’s body, and witchcraft only features in less than five per cent of the assigned “causes” of illness. Although Thomsen herself was puzzled by her own statistics, it probably reflects the true relationship between magic and witchcraft, which is only a small part of the large and complex field of Mesopotamian magic. Of the many causes of illness and misfortune, witchcraft and evil eye represent only one possible source within the sphere of magic; much more common are divine displeasure, the activities of a plethora of demons and supernatural adversaries, or violation of an oath or taboo. Furthermore, Thomsen (p. 23) assumes that someone using an anti-witchcraft incantation suspected who the witch might have been, which is a completely unsupported hypothesis. Witchcraft can exist without witches, simply as a function of paranoia; we have no Salem witch trials in Mesopotamia.

Finally, Cryer’s discussion also never takes on board the biblical phrase, “do not allow a witch to live” (Ex. 22:17), which has been interpreted as a general attack on the use of magic in ancient Israel. The point is that witchcraft was universally feared in antiquity as black magic, comparable to an attack of malevolent demons, and one of the key roles of magic was to protect a client against witchcraft, or to make the client believe that he was being protected against some hostile force which he conceived to be a witch. The rest of magic, however, was mostly benevolent, designed to offer protection and even healing, and was not proscribed by the Bible. This point needed to be made.

Despite these criticisms, the book is useful for readers who have no prior knowledge of ancient Near Eastern magic, and they will find the book an easy and pleasant read.

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Simon Varey (ed.), The Mexican treasury: the writings of Dr Francisco Hernández, trans. Rafael Chabrán, Cynthia L Chamberlin, Simon Varey, Stanford University Press, 2000, pp. xix, 281, £40.00, US$65.00 (hardback 08047-3963-3).

Simon Varey, Rafael Chabrán, and Dora B Weiner (eds), Searching for the secrets of nature: the life and works of Dr Francisco Hernández, Stanford University Press, 2000, pp. xvi, 229, illus., £40.00, US$60.00 (hardback 08047-3964-1).

These companion volumes will be greeted with enthusiasm by anyone interested in early modern medicine, ethnobotany, or colonial science. They make available in English translation the writings of the Spanish physician Francisco Hernández (1515–87) and provide a series of authoritative articles analysing his work and situating it in historical context. In what was arguably the first scientific expedition in the age of European imperialism, Hernández travelled in New Spain between 1571 and 1577 under orders from Philip II to gather information on the medicinal uses of New World plants. Over these six years Hernández visited the major hospitals, interviewed numerous European and Amerindian informers, cared for victims of epidemic diseases, and compiled descriptions of thousands of plants and hundreds of animals and minerals. The original manuscript of Hernández’s Natural history of New Spain—six folio volumes of text and ten containing illustrations of plants and animals—was the most complete repository of first-hand knowledge on New World materia medica at the time. It provided information on Amerindian medical knowledge, which was rapidly disappearing due
to death and conversion, and also described plants that held enticing medical and commercial promise for Europeans. The Spanish crown, eager to protect such sensitive information, did not publish the manuscript, and it was destroyed by a fire in the Escorial palace in 1671. Fortunately, several copies and abstracts of Hernández’s work existed, and his descriptions were incorporated into the publications of many well-known authors—most often unaccredited, a common practice at the time but one that has caused great trouble for scholars wishing to study his writings or assess their impact.

The Mexican treasury provides English translations of a rich selection of Hernández’s varied works, and explains the complicated trajectory of his Natural history of New Spain. The chart illustrating the fascinating and intricate history of this text highlights the enormous challenge faced by the book’s editor and translators, and the great service they have performed in providing what will from now on be the standard English edition of Hernández’s work. Roughly half of the translations are dedicated to Hernández’s letters to the king, his will, and extracts from his varied writings, among them Antiquities of New Spain (a description of Amerindian customs) and The Christian doctrine (a long missionary poem). The remaining translations are extracts from different incarnations of Hernández’s natural history observations: the first published version, Quatro libros de la naturaleza (Mexico, 1615); the famous edition produced by the Accademia dei Lincei, Rerum medicarum Novae Hispaniae thesaurus (Rome, 1651); the publications of seventeenth- and eighteenth-century authors in England and the Low Countries, among them Juan Eusebio Nieremberg, Georg Marcgraf, John Ray, Hans Sloane, and James Petiver; and the Spanish edition of 1790. The decision to translate such a diverse range of texts was a fortunate one, both in terms of the wealth of material it provides for readers and the way in which it conveys the scholarly culture to which Hernández belonged, where materia medica, religion, and philosophy were closely connected subjects. The translations are precise and clear, and while certain passages might sound somewhat stilted in their strict adherence to the original diction, the choice of precision over style is one that readers will appreciate.

Searching for the secrets of nature brings together a collection of short essays describing the cultural and political setting in which Hernández lived, the conditions of medicine in New Spain at the time he arrived there, and the reception and dissemination of his work. The first section of the book introduces the interaction between science and empire during the reign of Philip II and discusses the importance of humanism and the classical tradition within the intellectual landscape inhabited by Hernández and his contemporaries. A second section is devoted to medical knowledge and practices in sixteenth-century New Spain, including the regulation of practitioners, the functioning of hospitals, and the onslaught of deadly epidemics that ravaged indigenous populations, truly biological weapons at the service of colonization. A third section traces the dissemination of Hernández’s findings, analysing the reception of American drugs in Europe and the incorporation of Hernández’s description into publications from the sixteenth to the nineteenth centuries. A postscript addresses continuing traditions of Mexican medicine and the popular legacy of Hernández in the present day. There is much here to interest readers from a wide range of backgrounds, and the texts are remarkably rich in detail and information in spite of their brevity. These essays hold great potential for the classroom, and will prove a valuable resource for teachers interested in enriching and diversifying the curriculum with discussions of transcultural contact and non-European knowledge.

A project covering so much ground will inevitably give short shrift to certain topics, and some readers will find their particular interests dispatched summarily or missing altogether—there is, for instance, very little discussion of Hernández’s working methods, and the fascinating images he collected are regretfully ignored (although sixty-four woodcuts from the 1651 Rome edition are reproduced). But to grumble about what these volumes lack would imply a failure to recognize just how much material is provided, how well and richly it is
analysed, and how many connections are drawn. In making these important materials readily available to Anglophone readers, and in explaining and contextualizing them so well, these two books constitute an immensely valuable resource.

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Patrick Wallis, London Livery Company apprenticeship registers, volume 32: Apothecaries’ Company, 1617–1669, The London Apprentices series, London, Society of Genealogists, 2000, pp. vi, 69, £6.00 (paperback 1-903462-04-5). Available from: Society of Genealogists Enterprises Ltd., 14 Charterhouse Buildings, Goswell Road, London EC1M 7BA, UK.

The general introduction states that “this series is designed to provide family and other historians with the basic information provided by the records of apprenticeship of a number of the Livery Companies”. Comprising four indexes, namely apprenticeships, masters, places and trades/occupations, it is, interestingly, the only volume in the series to date that has not been compiled by Chris Webb. Clearly Patrick Wallis has had to conform to a standard format in terms of the content, structure and style of each index, and users are expected to be familiar with livery-company terminology. In some respects the apprenticeships index constitutes an early version of the Medical Students’ Register but, despite the brief explanation for their exclusion, freedom admissions (where known) would have been a useful addition. Cross-referencing between the apprenticeships and masters indexes does not yield a foolproof means of establishing the career path of an individual apothecary: between 1617 and 1669 the Society permitted only shop-owning freemen to take apprentices (when the ratio of apprentices to freemen was about 2:1), but not all did so. Also, Patrick Wallis’s choice of end-date appears anomalous and arbitrary. The Society’s Apprenticeship Binding Book was opened in 1694 so it would have been helpful to extend the exercise another twenty-five years, or even to 1700, which is the starting-point of Eighteenth century medics, ed. P J and R V Wallis (Project for Historical Biobibliography, Newcastle upon Tyne, 1988, 2nd ed.). Although the information is limited, the data painstakingly extracted by Patrick Wallis has significant research potential, possibly more so for academic rather than family historians. Indeed, the emergent social profile of apothecaries’ apprentices based on their parents’ occupations is fascinating, for it explodes both the myth of apothecaries’ humble, artisan origins and the lowly professional rating usually accorded this trade.

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