
*Fractured states: smallpox, public health and vaccination in British India* is the first book-length treatment that details the development and implementation of public health policies to control smallpox in British India between 1800 and 1947. The book takes an interdisciplinary approach shaped by the collaboration of its three co-authors whose expertise in South Asian studies and history of medicine is legion. It is a significant contribution to the history of smallpox, and public health. Using vaccination as a case study, it also offers a fresh perspective in the political history of British India by delving into the complex machinery of the colonial government. It is, appropriately, a volume of Orient Longman’s New Perspectives in South Asian History in which it is followed by the smallpox story from India’s independence to its eradication: Sanjoy Bhattacharya’s *Expunging variola: the control and eradication of smallpox in India 1947–1977* (2006).

This work employs two principal analytic approaches that roughly divide the book into two halves. The first half is a detailed structural analysis of the development of smallpox controls and public health policies that “between 1890 and 1940 mirrored the fractured nature of the colonial Indian administrative structures” (p. 9). By focusing on the inter- and intra-governmental economic and political relationships that shaped smallpox control strategies (vaccination, isolation, and infectious disease notification), the authors depart from the standard historiography that tends to blame the relatively slow uptake of vaccination in India on indigenous resistance, or British imperialism. The authors point out that historians constructing narratives around the colonizers and the colonized tend to focus on the concerns of the senior bureaucrats and scientists, laws and regulations, and in doing so have distorted the picture of the diverse and often conflicting in-the-field execution of state policies. In this book, race and religious opposition to vaccination, often featured in reports by British bureaucrats, are portrayed as proxy explanations for a more nuanced and contingent set of political interests, petty disputes within government agencies, and the diverse power relationships between all levels of government and, of course, the public. For example, they argue that tensions and conflicts arose frequently between British bureaucrats, and within government departments, such that even when adequate funds were available, vaccination was occasionally impeded by the competing interests of various government officials. This systems analysis sheds new light on the idiosyncratic uptake of vaccination technology in India throughout the period of study.

The second half of the book explores the technical and medical history of vaccine research in India to explain trends in the perception and uptake of the different vaccination technologies. By the late nineteenth century, it was obvious to both Indian and British civil servants that western vaccination techniques and seed strains had to be adapted for the Indian sub-continent, due to the technical challenges of preserving and maintaining pure and reactive vaccine lymph. Government-supported provincial vaccine institutes became centres for such vaccine innovation. Vaccination and re-vaccination itself played a larger role in Indian strategies to control the disease because of the lack of infrastructure for quarantine, and because the
circulating smallpox strain was far more lethal than the strains in Europe and the UK. The development of less reactive vaccines, and techniques that elicited milder constitutional and local side-effects, were thus necessary to encourage people routinely to submit to re-vaccination. The authors argue that the introduction of safer vaccine technologies gradually improved vaccination rates, and, during the 1930s, improved the public’s perception of vaccination. Medical innovations and made-in-India technocratic solutions to the problems of production, storage and delivery were clearly significant features in this smallpox story.

By analysing the inter-governmental systems and the technical history of smallpox vaccination, this work has opened up a new array of explanations for why, and in what context, diverse publics resisted state-sponsored vaccination. Unlike explanations that pit western scientific medicine against religious and cultural backwardness, this approach allows for a certain symmetry in the analysis of resistance and the ultimate acceptance of vaccination. It equally highlights the situations where technical, bureaucratic, social and cultural factors led to the enthusiastic adoption of vaccination. Many of the technical and systemic variables identified by this work can be applied to other case studies of smallpox vaccination, and indeed scholars studying its implementation in other regions can now utilize the findings of this important and groundbreaking study for comparative research.

Jennifer Keelan,
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For more than two decades, the relation between health, social change and politics has been a primary target for Simon Szreter’s historical studies. The present book is mainly a collection of previously published and slightly revised articles with an added introduction and final reflections. The empirical example is Great Britain during the nineteenth and, to a lesser extent, twentieth century, but his conclusions concerning the threats of social disruption caused by rapid change are general indeed.

One article, ‘Economic growth, disruption, deprivation, disease and death’, published in 1997, has been widely read and quoted by historians, scholars and practitioners interested in the fate of contemporary developing societies. Later, Szreter has used “linking social capital” as a tool to understand why some societies are healthier than others. One of the articles is written together with Michael Woolcock, where this concept incorporates politics, the state and other formal and informal institutions as important and necessary means for the creation or preservation of trust, safety, a fair distribution of resources and a good life, especially during periods of rapid social change.

The author is not afraid of drawing wide-ranging conclusions almost entirely from one historical case, the history of Great Britain. If we accept Szreter’s interpretation of British experiences, it may of course still not be valid for what has happened in other parts of the world. Generally, however, there is by now a wide acceptance of his critique of Thomas McKeown’s famous thesis that economic growth, increased standard of living and improvement of the nutrition of the population were the key factors behind rising life-expectancy in Europe during the last two centuries. A growing number of studies in other countries are, for instance, supporting Szreter’s view that public health interventions were much more important than McKeown thought, particularly when implemented on a local level.

Although details might still be diffuse, the first half of the nineteenth century and the most intensive first phases of industrialization and urbanization were obviously accompanied by hardship and severe health problems for
large parts of the European population. According to Szreter, this coincides with a significant decline in life expectancy in Great Britain. In Sweden, as another example, this was also the case at about the same time among middle-aged men.

Szreter claims that these historical lessons can be used to understand what happens or might happen in the future in developing countries of today. Most parts of his recipe for building wealthy and healthy societies are not controversial, for instance the need for functional democracy, protection of individual human rights and security, investment in human resources and literacy campaigns. It is the emphasis on the need for political interventions and investments in the human capital that makes him identify the chief opponents: believers in automatic links between economic growth, welfare and health, neo-liberals and advocates of an unrestricted free market. Criticizing those who welcome economic globalization without major objections, he even defends protectionism in situations when domestic economic systems are not yet fit to meet competition from the outside.

Hence, Szreter does not avoid wide-ranging theoretical conclusions drawn from his case. Nor is he afraid of taking a clear standpoint on politically and ideologically controversial questions. The ever-changing historical and cultural contexts are of course always making such efforts open to attack. Yet, made by professional historians who have taken the time to reconstruct and reflect upon their cases, such ventures can, as in this case, be stimulating and enjoyable food for thought.

Written with good humour, presenting interesting and provocative perspectives on his topics, Simon Szreter’s book is recommended for all who are interested in the history of public health and its potential lessons for today’s world. The articles do, however, overlap when it comes to evidence, argumentation and conclusions. Consumers who do not have the time or the need to go through all the chapters in detail should start with the summary introduction and continue with the final chapters before they decide where to go next.

Jan Sundin, Linköping University


With this history of allergy, Mark Jackson has completed an ambitious project for which he was uniquely equipped, being both a practising doctor and a historian. It is clear from the text that he has also had some personal experience of allergy, not unusual among those who have worked and written in this field.

In order to tell the story of a century of research and experimentation, Jackson starts with the creator of the word, Clemens von Pirquet. He explains in detail von Pirquet’s general acceptance of allergy as an altered reactivity of the body to various substances. The remainder of the book documents the propagation of the word in successive waves and describes how its meaning has become increasingly distant from the original intention of its progenitor.

Jackson has planned a global and multidisciplinary history, along two main themes, the scientific exploration of allergy, and the investigation of its socio-cultural significance. At first sight, these are two separate lines of research. The first deals with the clinical observation of strange disorders following the contact of the body with antigens (“allergens”) of various kinds through various routes. The second is concerned with the popular understanding and management of so-called allergic troubles. But it is soon evident that these are not two parallel stories but a unique multilayered epic, combining numerous actors: academic institutions and practising therapists, politicians targeting public health, and journalists eager to identify the...
demons of their times and understand their fellow citizens’ concerns. Jackson’s history of allergy covers all aspects, from laboratory research to epidemiological studies, and examines the contribution of both conventional and alternative medicines to the relief of patients suffering from chronic ailments.

Among the many issues dealt with, Jackson puts a particular emphasis on the epidemiology of allergy. He points to historical changes and geographical disparities in the distribution of allergic troubles. First comes the historical question. Has the number of allergies risen in the contemporary world? The answer involves a clear delimitation of the pathological entities listed as allergies. But the epistemological lesson drawn from the book is the elusive nature of medical truths, the volatile character of classifications, and the controversial character of tests used to diagnose allergies or follow up their treatment. Consequently, the complete answer to the question raised is reported in a hypothetical future, if the improvement of both conceptual and laboratory tools permits it.

The treatment of allergic disorders has also constantly been prone to alternate fads and eclipses. Jackson relates how desensitizing therapy, through controlled exposure to small doses of allergens, has flourished in Britain in various guises from Almroth Wright’s time at the turn of the century with ups and downs, but almost collapsed in the 1970s, a perfect illustration of swift changes in medical modes of thinking. But this was by no means the end of the story. In the last chapter, we watch the re-emergence, with “ecological medicine”, of a new modish style of desensitization, this time by the methodical extraction of allergens from food and the environment.

The geographical dimension is treated in a more cursory way. There are a few pages about the alleged rise of allergy in developing countries, referring to epidemiologists’ controversial findings. Do southern populations suffer less from allergy because they are protected by their reactions to the parasitic burden of their bodies (i.e. in blood and gut)? Or, on the contrary, is the threat of allergic disorders more severe in those parts of the world where pollution is unrestrained and unmonitored? Compared to the mass of information available on the industrialized world, Jackson’s treatment of the developing world is sketchy at best. The lack of data points to an urgent need to assess the consequences for public health of the rapid changes in environment and lifestyle, the poor quality and adulteration of food, in many poor countries. Research has been very limited in this field, a limitation for which Jackson is clearly not responsible.

While science is constantly renewing its approach and allergy has historically pointed to different phenomena and symptoms labelled differently, by contrast, allergy as a whole appears continuously throughout time to have framed the way people express their uneasiness with the external world and with the Other. In recent years, allergy has even symbolized a form of resistance to modernity, a way of manifesting the crying need for a new contract with Nature, as Michel Serres has put it, the terms of which remain to be defined.

Despite his prevailing emphasis on the Anglo-Saxon world, Mark Jackson has probably come as close as is possible to writing a global history of allergy. He provides the general reader with a fascinating story and all the historical and scientific elements of the allergy nexus. His excellent bibliography will meet the needs of the academic readership. Still more important, he has brought proof that the cultural history of a malady can succeed in offering more definite conclusions than a scientific one. While the evolutionary significance of allergy is still unclear (is it an accident of immunity gone astray, or a phase in the constitution of immunity, or an autonomous line of defence against a growing range of pathogens?), Jackson has demonstrated that allergy is a flexible term that captures the holistic character of the illness and translates the profound interaction between the biological and the cultural, the body and the mind, in the individual.

At the end, Jackson plays masterfully with the multiple meanings of allergy and suggests that the metaphor has been strained to the
point of suggesting a general call for "tolerance" (of the Other?), a term antithetic to allergy, another both immunological and sociological term that links biomedicine and politics and raises multiple echoes in the reader's mind after closing the book.

Anne-Marie Moulin, CNRS-CEDEJ, Cairo


The institutions and practice of psychiatry in colonial Africa have a justifiably poor reputation. In Surfacing up: psychiatry and social order in colonial Zimbabwe, 1908–1968, Lynette A Jackson does more than trace the history of Ingutsheni, British Central Africa’s first and largest mental institution, which was founded on the outskirts of Bulawayo in 1908, arguing that, even though there was no “Great Confinement”, psychiatry served the ideological needs of the settler state. It did so by “domesticating” space and people, and by labelling as insane or mentally deficient men and women who were found to be out of place, either physically or socially. Consciously deploying the language of Frantz Fanon and Michel Foucault, Jackson regards “the colonial project” as broadcasting a “monologue of reason about madness”, one which was intentionally deaf to the inner logic of African concepts of the origins of mental disturbance and to indigenous methods of treatment. Through a combination of overt racism and pecuniary neglect, Ingutsheni became a warehouse for those certified as mentally ill. Inside the hospital, social hierarchies and distances were maintained: African patients had inadequate facilities, were exploited as labour, and were subjected to dehumanizing and dubious methods of treatment including electro-convulsive therapy and leucotomies. White patients had better accommodation and facilities; and, in a painful and yet poignant signifier of how race, class and sanity were perceived in Southern Rhodesia (and elsewhere) at this time, “European” women patients at Ingutsheni were catered for at the hospital’s “Fair Lady Salon”.

Jackson devotes considerable attention to how the “routes” to the asylum or hospital were influenced by the colonial order. How, she asks, did people who might indeed have been mentally disturbed “surface up” and come to the attention of colonial authorities and be labelled crazy as opposed to criminal? Such surfacings occurred, for instance, when whites transgressed the “civilized” image that the society sought to present, both of itself and to itself. Any “European” who went around barefoot in the centre of town or who had a love relationship with an African person, for instance, could be regarded as insane. African men were brought within the ambit of the colonial economy via migrant labour and could be driven to insanity by dislocation and diseases of employment. Colonial and indigenous concepts of the appropriate “place of women” were influential in identifying “stray” and “undomesticated” women as insane or mentally inadequate and therefore fit for restraint at Ingutsheni. Jackson also draws on Fanon to argue that colonial psychiatry pathologized the “indocile native”. She, on the other hand, reinterprets the actions and words of some “madmen” and “madwomen” as being acts of rebellion or resistance and therefore ultimately of “reason”.

In the Epilogue, Jackson describes how after political independence in 1980 Ingutsheni became a target of health reform, and indigenous treatment methods were rehabilitated, contributing to a healed nation. This moment was, however, short-lived and under the constraints of structural adjustment programmes in the 1990s—and, one might add, a morally corrupt and oppressive regime under Robert Mugabe—Zimbabwe’s psychiatric services are now once again woefully inadequate. Of course, HIV/AIDS is adding further to the
incidence of mental illness in Zimbabwe and to the state’s inability to provide decent mental health care.

*Surfacing up* is a damning indictment of the practice of psychiatry in colonial Zimbabwe. It is forcefully written. This contributes to the book’s strength, but on occasion Jackson overplays the power of both western psychiatry and of colonialism in Southern Africa. It is certain that the majority of the mentally ill never came to the attention of the colonial authorities and that indigenous African therapies remained the most frequently utilized forms of treatment throughout the colonial era. Colonial “surveillance” and “the medical gaze” were patchy at most. Colonial psychiatry enjoyed little prestige and its practitioners were seldom influential. Moreover, and as Jackson shows, indigenous therapy management groups and techniques were sometimes powerless in the face of violent madness and, on occasion, families initiated the committal procedures. By the mid-twentieth century, then, psychiatric institutions were one option amongst several for the management of insanity both of and by Africans. Yes, psychiatry could be and often was a form of cultural imperialism, but whether it was always and only so remains a matter for debate.

**Julie Parle,**
University of KwaZulu-Natal


This edited volume seeks to address the commonly held presupposition in the literature on reproduction, that pre-modern Indian women were agents of backwardness, in contrast to their modern counterparts. By focusing on the period from the 1850s to the 1950s, the book traces the change in the tenor of discussions on reproductive health, from the fixing of responsibility for the alarming rates of maternal and infant mortality on the traditional midwife or *dai* to proposals promoting national efficiency by the time of Indian independence. The papers show that while actors and campaigns changed over the course of these hundred years, reproduction as a site for reform remained constant. David Arnold explores official attitudes towards population. Though there was concern about the nature and consequences of the rapid growth in population, at the same time there was caution in advocating birth control. Under funding and wide divergence between policy and implementation in the provinces prevented the introduction of health care for women, but in Madras, as in Bombay, it was local bodies which played a significant role in maternal and infant welfare schemes.

Barbara Ramusack’s paper explains the ambivalence of women physicians toward contraception. While they articulated disparaging stereotypes of Indians and lower classes, they projected themselves as modern and contraception as science. Medical women’s support for birth control was about lowering mortality rates, and social welfare programmes aimed at producing a healthy nation and at reducing population. Maneesha Lal shows how medical evidence came to be used in discussions on social reform, and the ideal female Indian citizen was fashioned as one unrestricted by purdah but still respectable and self-sacrificing. Hodges details the eugenics associations that flourished in the 1920s and 1930s, which then converted into family planning societies with a wider class base. Eugenics in India was about the need for effective contraception for the poor.

Supriya Guha focuses on reproductive health in Bengal, 1840–1940. While there were occasional disputes over which traditional practices were compatible with bio-medical practices, there was no argument over the necessity for providing medical relief during childbirth. In fact the conservatism of Bengali society came to be questioned by Bengali doctors rather than by colonial personnel, and, by the end of the period, medical care for women dealt a blow to traditional health
structures. Charu Gupta looks at the links between numbers, gender and communalism, by examining the debates on widow remarriage among Hindu “publicists”, in the colonial United Provinces. The Hindu widow was seen as a danger to patriarchy, and asceticism was considered her best course. But by the 1920s, gender politics came to be intertwined with communal politics and widow remarriage was advocated to prevent widows entering Muslim homes and increasing their numbers. Anshu Malhotra examines interventions by the middle classes in reproductive health in colonial Punjab. Some upper caste women undertook the hitherto polluting work of attending at childbirth, to become midwives to middle-class women, who were seen as producers of masculine and muscular progeny. Besides, they shared colonial views about hygiene and cleanliness, and hence perceived themselves as being separate from lower castes and Muslims, served by the lowly dai. Anna Aryee comments on the debates between Mahatma Gandhi and Margaret Sanger on birth control. They differed on the means and ends, but agreed that poor Indian women should be the recipients of birth control. The record of their meetings is appended as an archive.

The volume provides an analytical historical perspective, essential, as Hodges situates it in the introduction, at a time of concerns in the national and international policy arena about overpopulation.

Mridula Ramanna,
Sies College, Mumbai


Thomas Abraham has presented us with a beautifully written book about one of the most recent public health threats to have been dreaded and reported on a global scale. As someone based in Hong Kong, with access to a range of political and academic contacts in the region, he has been able to unearth material that might not have been available to the majority of readers; of particular note is the data relating to mainland China, where this disease appears to have taken root and then spread. The book contains a rich and path-breaking account of the identification, extension and troubled efforts at controlling SARS in the southern Chinese city of Guangzhou. Once collected, all this information—as well as the materials dealing with Hong Kong, the global-level responses to SARS and the work carried out with the causative virus in several significant laboratory locations—is deftly analysed and imaginatively converted into a quite riveting story. Across the regions surveyed, there are several moving portrayals of the travails and courage of many healthcare workers in the face of an unknown and terrifying disease. This is, therefore, a book that is likely to appeal to academics and non-academics alike; the ability to cater to a general audience is a major strength, as it is likely to inform a variety of audiences in the most beneficial of ways. This account can act as a splendid model for how authors can effectively engage with the public about matters of scientific and medical significance; indeed, Abraham, who teaches journalism, will leave readers much better informed about the skills of investigative research and incisive, polemic-free writing.

The donning of the historian’s hat, however, brings forth a slightly different perspective. This is a book that is best treated as an important collection of primary materials. I will, in fact, not be surprised if it is treated by future historians as a valuable piece of contemporary evidence, largely free of the taint of political machination and bias. But, I also suspect that many students and scholars of medical history will, in coming years, try and find material to test Abraham’s claims of almost over-arching levels of heroism and cooperation between medical and scientific actors during the SARS episode. The nervousness amongst governing circles in China and Hong Kong about the internal and
international effects of the spread of SARS is, of course, recognized and described adroitly; so is the important role played by dissenters brave enough to speak out against the Chinese government’s initial attempts to hide the scale of the problem. Yet, in this story the medical and scientific communities (both the national and international chapters of these associations) appear too monolithic, their different parts perfectly synchronised all the time. It would have been nice to have known about the situation of particular departments, their laboratory groups and the international agencies they worked with before the SARS crisis struck; after all, information about their pecking order, in terms of political and economic importance, within larger organizational structures would have left us better informed about how the outbreak helped legitimize the role of particular people and agencies, as well as the level of prestige and power bestowed on them in the long term. That said, I am certain justice will be done to this important book by legions of historians in years to come.

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Robert W Mann and David R Hunt,

Photographic regional atlas of bone disease is a revised edition of Robert W Mann and Sean P Murphy’s book Regional atlas of bone disease published in 1990. This new version has replaced some of the drawings with black and white photographic images, allowing the reader a better visual understanding of the bony variations described. The book serves as an introduction aimed at physical anthropologists, whether in the field of archaeology or forensic science, it offers insight into the history of palaeopathology followed by a guide on points to be considered before and during the recording of physical remains. It addresses the need for familiarity with the processes of bone formation and remodelling in order to understand how certain conditions develop and how best to interpret them. The authors stress throughout how the variations in appearance of subadult and adult bones must be understood to avoid misinterpretation of porotic conditions in subadult human remains. They also look at the normal variations within an adult population.

The book concentrates on methods of description and the meaning of osteological terminology in order to ensure that the correct terms are used during recording. It also studies the distinction between non-metric variations (non-pathological variations) and pathological conditions in the individual bones. As there is a distinct lack of published literature covering the descriptions and possible interpretations of non-metric traits, this book fills a long-standing gap and will be useful to both experienced and novice osteologists alike.

The discussion on bony variation and pathological conditions has been divided into skeletal elements starting with the skull followed by the spine, ribs, pelvis, upper body and lower body. The idea behind this format works, as it enables the researcher to look up specific areas of the skeleton rather than having first to consider why the changes occurred and then to search through the many available pathological textbooks to find a description that matches that of the skeletal element researched. The book also provides a breakdown of the historical and geographical background on a number of pathological conditions including fungal infections and treponematosis. A breakdown of more complex conditions such as tumours is expanded in chapter 8, whilst the distinction between peri- and post-mortem fracture patterns are discussed in chapter 9.

The introductory chapter is written by one of the most distinguished scholars in the field of palaeopathology, Professor Donald J Ortner,
who outlines the book’s scope and limitations. He quite rightly discusses the problem of multifocal pathologies, which are severely limited by the regional approach presented in this book. Having established the possible cause of skeletal change and whether it is indeed pathological and not a non-metric variation, a researcher would therefore be prudent to complement Mann and Hunt’s descriptions by consulting more comprehensive books dedicated to pathological conditions. A wide ranging list of recommended literature is provided for this very purpose.

A series of illustrations of annotated complete skeletons showing, from different angles, the main muscle attachments to the skeleton is included. The drawings are somewhat crude, but serve as an overview that can be followed up by more detailed literature on the subject. Great emphasis has been placed on the interpretation of the conditions noted and on how, in the past, erroneous interpretations were made through a lack of understanding and an absence of solid research techniques. The authors stress that research in modern clinical literature may help to explain, and aid the understanding of, the patterns which occur in past populations. They offer examples and references to work carried out on different skeletal conditions.

As a fundamental overview of the skeleton, Mann and Hunt’s book should be available to all novice osteologists. It is certainly a work I wish had been available to me during my university degree and primary years in the field as an osteoarchaeologist.

Tania Kausmally,
Museum of London

Miguel de Asúa and Roger French, A new world of animals: early modern Europeans on the creatures of Iberian America, Aldershot, Ashgate, 2005, pp. xviii, 257, illus., £50.00 (hardback 0-7456-0779-8).

This publication, which focuses on European depictions of New World animals in the sixteenth and seventeenth centuries, is unique in the history of science and the history of the Americas. Although other histories exist of European interpretations of Iberian American natural history, often focusing on the eighteenth-century “dispute of the New World”, this is the first devoted exclusively to the depiction of animals in the pre-Enlightenment period. It is carefully researched, clearly written, and includes a valuable primary source bibliography of many of the most important early modern European texts dealing with Iberian American nature. Each account also begins with a detailed discussion of the author and text examined, further contributing to the book’s value as a reference work.

A new world of animals begins with a brief introduction that lays out the chronology of the text as well as an important theme of the book: the Aristotelian and Plinian models for describing animals that many of the writings followed in the early years of discovery, and then moved away from in later centuries. It then goes on to survey various texts that treated the subject of New World animals, moving in a roughly chronological order from the late fifteenth century to the end of the seventeenth. Chapters are organized by the type of sources examined: the first one focuses on accounts from the earliest explorers such as Columbus, Vespucci, and Cabral; the second turns to mainly soldiers’ accounts of New World animals, as well as indigenous descriptions and interpretations of them. These accounts, for Asúa and French, make up a first phase of animal descriptions that they call the “jigsaw-puzzle” approach, in which the writer deals with the newness of the animal by “decomposing” it into various parts and comparing each part with that of an animal known to Europeans (p. 14).

Chapter 3 turns to the more academic and learned accounts of animals in the Americas, such as the natural and moral histories of Oviedo and Acosta as well as the chronicles of members of the Spanish court. These works constitute a second phase
of animal descriptions in which the authors grappled with the “newness” of the creatures found by using an empirical approach, describing what they experienced or urging their readers to trust the information presented because it had come from eyewitness accounts. Chapter 4 turns to the more “utilitarian” genres of medical encyclopaedias of both Spanish and Dutch origins that would provide useful and strategic information, while chapter 5 treats various Jesuit texts, such as those of Nieremberg, Kircher, and Schott, that sought to explain New World nature and the wonders it included with mystical or natural theology. Finally, chapter 6 turns to a final phase of natural history writing in which mainly British and French naturalists made a decisive move away from earlier attempts to explain the newness of New World animals in terms of ancient models, natural theology, or Scholastic philosophy. Rather, these authors came up with a new method that eschewed the Aristotelian search for causes and developed a fully empirical, observational, and experimental method by which to record data and form new plant and animal taxonomies.

In its careful attention to detail and exhaustive sources, this work is a valuable contribution to the history of science and the history of the Americas. However, its encyclopaedic organization makes it more valuable as a reference work. It would have greatly benefited from more engagement with recent publications in the history of science, particularly those treating the history of wonder and curiosity in early modern Europe (that of Lorraine Daston and Katharine Park in particular), and those focusing on Spain’s contribution to the Scientific Revolution, especially that of Antonio Barrera. In particular, reference to Barrera’s work on the development of an empirical method in sixteenth-century Spain would have helped to clarify the significance of their findings and contextualize their discussions of empiricism. It might even perhaps have pointed to a somewhat different conclusion than the one they reach: that the later English and French methods were not so decisively different, but rather built upon earlier Iberian precedents.

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Emilie Savage-Smith, A descriptive catalogue of Oriental manuscripts at St John’s College, Oxford, with contributions by Geert Jan van Gelder, Peter E Pormann, Samira Sheikh, Tim Stanley, Edward Ullendorff, Oxford University Press, 2005, pp. xix, 155, 21 colour plates, 16 black and white plates, £60.00 (hardback 0-19-920195-1).

The word “Oriental”, as applied to the cultures of the East, has in recent years declined in usage, and been replaced by “Asian”, a term which does not, however, fully reflect European scholarly tradition. “Oriental” encompasses all the cultures of Asia and Africa. In many instances Asian and African cultures were interconnected, and used the same languages as, for example, Arabic Islamic culture on the Arab peninsula and in Egypt. This new catalogue is in fact a continuation of the traditional British Orientalist “catalogues raisonnés”, reflecting both the diversity of Oriental cultures and the “Orientalist” approach to them by European manuscript collectors.

The catalogue describes in detail twenty-six completely uncatalogued or partly catalogued manuscripts preserved in the Library of St John’s College, Oxford. Written in Arabic, Persian, Syriac, Hebrew, Ethiopian, Turkish and Gujarati, the manuscripts came to the College library through various avenues. In general they were donated by the Fellows of St John’s or other people connected to the College. Fifteen, for example, were donated by the statesman and theologian, Archbishop William Laud (d. 1645). Of these fifteen, eight belonged previously to the physicist, naval commander and diplomat Sir Kenelm Digby (d. 1665). The rest belonged to other scholars and clergymen, such as Edward Bernard

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The subjects and themes represented are quite diverse. They include works written in Arabic and Persian on astronomy (entries nos. 1–18), mathematics (nos. 19–21), the military arts (no. 22), encyclopaedias and compendia (nos. 23–24), belles-lettres (no. 25), hadith and fiqh (nos. 26–27), Qur’ans (nos. 28–32), and the Old Testament (nos. 33–34). These are followed by a thirteenth-century bilingual Latin–Hebrew manuscript transcribed in England, which contains four books from the Old Testament; a copy of a Hebrew conveyance of land in Gamlingay (a village in Cambridgeshire) from William of Leister to Walter de Merton, founder of Merton College, Oxford; and an official letter in Ottoman Turkish from a senior member of the Ottoman government, written in Constantinople in 1618. Entries 38–41 describe a Syriac manuscript of a theological treatise known as Causa causarum; two Ethiopian works; and a navigational text in Gujarati. Appendix II deserves a special mention. Usually poetry, along with scribbles and occasional notes in manuscripts, are not recorded in learned manuscript catalogues. This conceals from researchers many revealing details of everyday life, traces of traditional learning, or even emotions. Geert van Gelder has collected twenty-three poetical fragments and edited them in Arabic and Latin transliterations accompanied by translations into English. The catalogue includes six useful concordances. In addition, it is lavishly illustrated with colour and monochrome photographs (altogether thirty-seven plates).

Emilie Savage-Smith has specified two important parameters to the conventional form of entry: paper and script. Traditionally the compilers of learned manuscript catalogues have dealt only with the written word. They forget that every manuscript is a complex object, which, in addition to that of the authors, bears traces of the activity of other people, such as scribes, binders, paper-makers, dyers, illuminators, etc. Their endeavours, as evidenced in the binding, paper, and handwriting, was generally referred to only to ascertain the date or the authorship of the written work. It is not by chance that, for example, palaeography and metrology were considered “auxiliary disciplines” (cf. the German: Hilfsdisziplinen). A modern historian or a specialist in paper who would like to study, for example, medieval paper-making or palaeography in the relevant entries of such catalogues will find only such “informative” remarks as “thick yellowish paper” or “small elegant naskh”.

By contrast Savage-Smith has made a successful attempt to clarify these two aspects. She has introduced an effective system of measurement to identify the size of the script and paid special attention to the description of paper according to colour, thickness and opaqueness. The paper colour has been determined by comparing pages towards the inner part of the manuscript with fan decks of colour samples (in the 5Y and 10Y range) using the “Munsell system” (formerly known as the Centroid Colour Charts devised by the US National Bureau of Standards), grouped into six sets defined as “ivory”, “cream”, “beige”, “biscuit”, “brown”, “grey”, within each of which there are a range of tones. The thickness of the paper was measured by a micrometer; a range of values was given. For identification of opaqueness (or translucency) the recently devised Sharp Scale (named after its inventor Henrietta Sharp) has been used, according to which the paper can be categorized in terms of the number of folios required before the outline of the dowel held behind the folio(s) is no longer visible when illuminated from behind with a constant light of 60 watts at an approximate distance of 15 cm.
To sum up: this catalogue is not only a helpful reference-tool but also that rare thing, a very interesting read indeed.

Nikolaj Serikoff, The Wellcome Library

Jarrett Rudy, *The freedom to smoke: tobacco consumption and identity*, Montreal and London, McGill-Queen’s University Press, 2006, pp. xiii, 234, £57.00, $75.00 (hardback 978-0-7735-2910-6); £17.95, $27.95 (paperback 978-0-7735-2911-3).

The central argument of this book is that liberal ideals—of the individual as a “rational”, “self-possessed” person—structured rituals of smoking in turn of the century Montreal: “from the purchase of tobacco, to who was to smoke, to how one was supposed to smoke, to where one smoked” (p. 5). Tobacco connoisseurship emphasized moderation and exemplified gendered spatial and social norms. Until the First World War, smoking was almost wholly a masculine pastime; and tobacco connoisseurship was founded on a hierarchy of products and tastes, symbolizing wealth and power. The Cuban cigar topped the hierarchy, and Rudy provides a fascinating analysis of how “Cuban” as a cultural category was created through the imagining of race, gender and terroir (the knowledge of the farmer, the quality of his soil and the suitability of the climate for growing tobacco). For working-class men, pipe smoking was a central part of cultural life, although there is less evidence of the hierarchies and rituals involved.

Through the late nineteenth and early twentieth century, as Rudy shows, these liberal notions of smoking were challenged from three directions: the Women’s Christian Temperance Union’s (WCTU) anti-smoking movement, the growth of mass produced cigarette consumption, and an increase in smoking among women. In broad outline, *The freedom to smoke* recalls Matthew Hilton’s *Smoking in British popular culture 1800–2000*, and Rudy acknowledges this influence.

However, the distinguishing feature of *The freedom to smoke* is its permeating analysis of ethnicity; indeed, the backdrop of Montreal is perfect for cross-cultural comparisons. Differences between Anglophone and francophone female smoking are tantalizingly touched upon, and racial and religious differences teased out in discussion of oppositional discourses to smoking more generally. As in the United States, the WCTU’s prohibitionist stance was shaped by social gospel Protestantism, but also by national concerns about physical and moral degeneration. French Canadian Catholics opposed juvenile smoking on degeneration grounds, but supported moderation among adults. But most compelling is Rudy’s analysis of the social position of rural French Canadian tobacco, *le tabac canadien*, which provided a counter culture to liberal smoking norms.

The liberal construction of smoking appears to be an Anglophone one, and while elements of the Francophone population subscribed to these notions, Rudy details the enduring popularity of rural French Canadian tobacco. Although rejected by the urban liberal bourgeoisie, rural French Canadian tobacco had a rich heritage. Home-grown and characterized by small-scale distribution methods, it remained untaxed by the Canadian government until well into the twentieth century, an anomaly in the western world. Rudy explores the clash of urban and rural cultures, as many rural French Canadians migrated to the city. He also shows the march of industrial agriculture and the influence of multinational corporations, as distinctive French Canadian tobacco was transformed into a blander product, suitable for cross-cultural, even international, tastes.

The chronology is hard to follow at times, because many developments were contemporaneous, and the interwar period is only sketched in. Detail on the multinationals and their history in Canada is frustratingly thin: it is not clear, for example, what, if any, relation...
Imperial Tobacco bore to the British company of the same name, or how they came to take over a large American concern in Canada. Standardization crossed national, as well as cultural, boundaries, but it is notable in Montreal that this occurred more slowly than in Britain or the United States: soldiers in the First World War retained allegiance to the pipe and le tabac canadien well after their return to civilian life. In the end, however, Rudy’s book is less about urban liberal ideals dominating rural heritage, than the eclipse of both.

Rosemary Elliot, Glasgow University


This book is a substantial part of the PhD thesis defended by its author in 2002 at the same university which now publishes it, under the slightly different although more accurate title of Health organisation in the province of Valencia, as the emphasis is put more on the legal and institutional framework of government activities concerning the protection of health and the care of the sick poor. This means that Barona’s sights are concentrated on the evolving shape of institutions (i.e., organic structure and administration, finance, personnel, targeted public) over time; the doctrines and strategies that directed them stay somewhat out of focus. In three chapters, she reviews the crucial legal turning points and the development of this part of state administration, follows the fate of the primary levels of health administration at the capital city and the provincial level, and studies the organization of medical care through poor law strategies.

The book is thoroughly systematized, law by law and institution by institution, evolving over time. If the first chapter and the first section of the second chapter, dealing respectively with the review of national developments and the formation of a public health service in the city of Valencia, stand as able surveys of existing knowledge, this is not the case for the following one and two-thirds chapters. These, which include a study of the provincial health services, as well as the organization of care by charities, step empirically into hitherto unexplored ground, based on an assiduous exploitation of provincial archives. Barona gives a detailed picture of the inner fabric of the main official institutions built for the defence and promotion of health and the care of the sick. Diverse authors (Josep Bernabeu, Jorge Molero, Enrique Perdiguero, Ramón Castejón, and myself, among others) have explored the development of public health services at the state level or have followed most of the different initiatives deployed within the agenda of social medicine in the first forty years of the last century, but this is the first complete essay that deals with the whole group of health activities, personnel and institutions of a single provincial health institute. An obvious shortcoming for the modern history of public health in Spain is the lack of archival resources. It must not be forgotten that, for example, the building that housed the National Health Department stood at the front line during the siege of Madrid in the Civil War; and most provincial Health Institutes do not keep documents prior to the late 1970s, as an inquiry showed in 1989 (‘Archivos administrativos contemporáneos’, Dynamis, 1989, 9: 79–90). On the other hand, the provincial archives of the Diputaciones, the Spanish provincial organs of government, are much richer, and well cared for. Barona has quarried the Diputación de Valencia’s archives to obtain an interesting ore. To my knowledge, this is the first case study to produce an integrated picture of all official health strategies, preventive and curative, and within the broader scope of the poor-law schemes at the provincial level for the given period.

One of the reasons why the University of Valencia stands as a stronghold of the academic history of medicine in Spain, under the inspiring
leadership of Professor José María López Piñero, now retired, has to do with the robust way in which the Department developed links with its social environment. The series of interdisciplinary workshops on regional health (mainly promoted by Josep L Barona, supervisor of the thesis that led to this book) and the production of a number of excellent studies dealing with local history give full expression of this. This book and the original dissertation spring from and nicely contribute to such a programme.

Esteban Rodríguez-Ocaña, University of Granada

Iris Borowy and Wolf D Gruner (eds), Facing illness in troubled times: health in Europe in the interwar years, 1918–1939, Frankfurt am Main and New York, Peter Lang, 2005, pp. xiv, 424, £41.90 (paperback 3-631-51948-6).

“Troubled times” seems a bland summary of the interwar years, and experts—statisticians, scientists and doctors—rather than individual or collective sufferers are “facing illness” in this volume. That said, this is an informative collection with a comprehensive introduction worth further expansion. The editors highlight the ambiguities surrounding health as a public issue in this period, with the repositioning of voluntary and charitable effort and increasing state involvement suggesting responsibility for individuals but exercising authority over them. Health matters took on greater significance in the formation and conceptualization of nations; integrating or excluding, helping to define borders and to forge identities. They were the focus of new and influential international bodies (notably the League of Nations Health Organisation, and the Rockefeller Foundation) and of scientific expertise, with developments in bacteriology, nutrition, eugenics, and social medicine interacting with contending political viewpoints. A healthy citizenry featured in varied ideologies offering “the promise of empowerment and uplift which included the option not only of a new position for the common man but of a new man per se, strengthened by improved education and status and significantly improved health” (p. 7).

Differing interpretations of health, seen here as “neither an objective reality, nor a cultural construction but a synthesis of both” (p. 8), require allowance for conceptualization and contextualization by contemporaries and by historians. This involves the interaction of problem-laden objectification of certain “realities” and of their political, social or ideological usage. Most contributors are content to focus upon data or policy issues, however, and the book divides along these lines. Part One needed a summary of changes in mortality in European countries, as this cannot be established from individual chapters. Robert Lee’s examination of causes of mortality, specifically defects in the quality of data and the limited implementation of an international classification system, demonstrates that “more” did not necessarily mean “better” in data provision. Mortality is a poor approximation for health and Paul Weindling reviews studies based on insurance, school and family records, and efforts to quantify morbidity and to utilize health indicators. Iris Borowy also evaluates problems surrounding the compilation and use of the League of Nations’ International Health Yearbooks (1924–9) for comparative purposes.

Central and south-eastern Europe, where health featured strongly in nation building, are well-represented. Hana Mäsóvá and Petr Svozil survey health care in the new Czechoslovak Republic and the awkward combination of public health arrangements, an established sickness insurance scheme, and voluntary and state institutions with interests in social medicine. They see inclusionary innovations in social hygiene (combating “civilisation diseases”) and hospital provision before the Munich Agreement and subsequent invasion. Yugoslavia suggests contrasting interpretations. Željko Dugac focuses upon Andrija Štampar, at the Ministry of Health
and working closely with the Rockefeller Foundation, who ascribed a pivotal role to public health and health education but was removed in 1931 by self-interested private physicians and ethnically-motivated anti-centralisers. Patrick Zylberman’s study of the anti-malarial campaign in Macedonia depicts this as a form of border consolidation and “Serbianisation”, whereas Esteban Rodríguez-Ocaña’s parallel Spanish study suggests the limitations of international bodies and new medical technologies when faced by suspicious local physicians and powerful, unsympathetic landowners.

Thorsten Halling, Julia Schäfer and Jörg Vögele consider German infant mortality in the contexts of the epidemiological transition and of attempts to measure “human capital” assets (or, on racial or eugenicist grounds, liabilities). Sylvelyn Hähner-Rombach’s examination of depictions of TB sufferers as “anti-social” is germane to this, though her comparison of medicine and scientific discourse with earlier social labelling of such “threats” seems compartmentalized. A disturbing parallel may lurk in the influence of Zionist ideology and the medical selection of Jewish migrants to Palestine, discussed by Nadav Davidovitch and Shifra Shvarts.

Generally the approach is “top-downwards” in national or local studies, with some privileging of doctors, scientists or institutions as principal actors shaping health policy or medical campaigns (Lion Murard on Jaques Parisot in Nancy or Emilio Quevedo on the Rockefeller Foundation and the London School of Hygiene and Tropical Medicine). However Martin Gorsky and Bernard Harris build on James Riley’s work, using Hampshire Friendly Society records to suggest that rising claim rates were driven by an ageing population, specifically the over-fifties. This offers a rare glimpse of ordinary people facing illness in a none the less valuable and informative collection.

Steven Cherry,
University of East Anglia

Virginia Berridge and Kelly Loughlin (eds), Medicine, the market and the mass media: producing health in the twentieth century, Routledge Studies in the Social History of Medicine, London and New York, Routledge, 2005, pp. xx, 299, £80.00 (hardback 0-415-30432-6).

It is hard to imagine anyone wanting to read this volume from cover to cover. Only the most stalwart would fancy following a procession from the ideological fortunes of American insurance-modelled health indices to debates over industry-modelled costings in NHS hospitals in the 1950s—by way of interwar health education in Switzerland, the management of the media during the Aberdeen typhoid outbreak of 1964, health education in France in the 1970s, ICI’s development of beta-blockers, the politics and economics of “safe smoking” campaigns, clean air debates, and drug regulation in the UK—to arrive, after an interesting detour through cardiovascular research in the GDR pre- and post-Cold War, at breast cancer testing in contemporary France. Clearly, “medicine”, “the market” and “the mass media” cover all the bases (though “medicine” here is mostly a phonetic nicety for “public health”). In no way, however, do these eleven conference papers develop an “overall synthesis” (p. 2). Nor do they open out sufficiently the relations between public health and the mass media.

Struggle though the reader must to triangulate medicine, the market and the media, the volume, nevertheless, does more than make a start at widening understanding of the nature of change in post-1945 public health. Through a wealth of solid scholarship and hard-core evidence, it flags up and fleshes out several of the knowledge bases and dominant ideologies that have helped fashion public health thinking and policy implementation in post-war Europe and the UK. And the best of its chapters considerably deepen our comprehension of the construction of “life” and its “risks” in today’s world. Although stock models of “knowledge transfer”, “impacts”, “influences”, “movements”, and “reform” still weigh heavy
on the minds of the editors and many of their contributors, there is also here material to encourage more cultural and discursive thinking on the interpenetration of the political and economic in the representational world of contemporary medicine.

In this connection, two case studies stand out, that by Martin Lengwiler on visual strategies in Swiss interwar occupational safety education, and that by Luc Berlivet on the strategic deployment of the media in the modernization of French health education after 1975. Both are pioneering papers on historically pioneering developments. They well illustrate the need for medical historians not only to engage seriously with the history of the media, but to do so with a keen eye to political and economic contexts. Lengwiler reveals how American and French “liberal” types of industrial liability legislation fitted well with posters and other visual propaganda aimed at holding individual workers responsible for their safety. But it was a different matter in places like Germany and Switzerland where a centralized corporatist system of insurance operated, and where trade unions were stronger. Here, what served best were not entrepreneurial “psychological” approaches to workers, but “technical” interventions by the state favouring investments in safer machinery. Thus safety engineers, lawyers and physicians tended to call the visual shots, not psychologists and advertising professionals as in the USA. Not until 1956, during the growth of the private sector, did the Swiss send a representative to the USA to sound out psychologists in educational advertising and propaganda. All of which is hugely instructive on the role of ideologies and methodologies in the take up and deployment of visual materials in the area of health education in general. Historians who still believe that visual objects speak for themselves and can therefore be used unproblematically should take heed.

Brelivet’s chapter in many ways follows on, not just topically, chronologically and spatially (European-wise), but also intellectually from the medicine-media intersection. Here, the benefits will be greatest for those who tend to believe that the manufacture of health education follows some kind of medical enlightenment narrative. Focused on the French anti-smoking media campaign of 1974–79 under Simone Veil, then Minister of Health, Berlivet shows how audiovisual manipulation of social images by new health education specialists managed completely to transform French health education, much to the financial and political empowerment of Veil and her department. Ironically (or perhaps not) the changes wrought through Veil’s anti-smoking campaign enabled a new gang of Illichean opponents to the “medicalization of society” to carry the transformation forward enthusiastically armed with the latest science on “motivation research” as elaborated in the USA by advertising professionals and marketing experts.

Like all the essays in this volume, these testify to the immensity, complexity and rich investigative potential of the post-1945 historical landscape. They also testify to the increasing challenge in medical history to reach out and move on.

Roger Cooter,
The Wellcome Trust Centre for the History of Medicine at UCL


As any student of nineteenth-century British literature or culture soon learns, the Victorians enjoyed a good cry; and none more so than the men. Weeping in public was more common then than now, and might be prompted by a range of feelings: friendship, forgiveness, reconciliation, beauty, as well as the more familiar emotions of grief and loss, could provoke unabashed tears. Only rarely, as in the scenes in London following the death of the Princess of Wales, are westerners now treated to such public manifestations of emotion.
For emotion is a slippery concept. What do we mean when we say we “feel” something deeply? Where and how do we feel it? How might we sift “authentic” from “inauthentic” feeling? In what way are the triggers giving rise to an “emotional response” learned? Above all, how do we describe (let alone attempt to measure) something as nebulous as a feeling? To feel emotion at the loss of a loved one is, of course, only “natural”. But who is to say that the emotional response to a poem, a narrative, or a film is not equally valid? These questions are prompted by the essays gathered in this volume, which probe the paradoxical nature of emotion as it has been understood at various points in history. For emotion is paradoxical, as the editor explains in her helpful introduction: “emotions are physical and lived experiences, giving rise to increased heartbeat, sweat, and goose bumps. Yet they are also learned and behavioural systems, revealed through gestures, postures, and a series of display codes” (p. xvii).

Eight essays, all the work of historians of medicine, make up the substance of the volume that perhaps promises to range over a rather broader chronological period than is actually realized. For most of these essays concentrate on nineteenth-century attempts to chart the landscape of emotion. The range of subjects that are covered, however, reflects something of the complexity of writing about the idea of “emotion”: from the languages of emotion after 1789, via the “landscapes” of emotion discovered in Victorian ideas about “puerperal insanity”; humanitarian narratives of empathy, pity, and compassion; the attempt at “measuring” emotion, utilizing devices such as the “sphygmograph” of the French physician Étienne Jules Marey in 1860; the control and manipulation of emotion in the laboratory; the production of emotion in the physician–patient relationship; the role of emotion as a diagnostic tool in psychiatric medicine. Perhaps this emphasis on the nineteenth century, however, should be no surprise given that it was in this period that two of the most important texts for the study of emotion were published: Charles Darwin’s *Expression of the emotions in man and in animals* (1872) and William James’s 1884 article for *Mind*: “What is an emotion?”

Each of these essays has something valuable to offer. Thomas Dixon’s ‘Patients and passions: languages of medicine and emotion, 1789–1850’ is, perhaps, the most stimulating in its attempts to marry politics and pathology. If, however, there is a criticism of the collection as a whole, then it lies not so much in the cultural assumptions which underpin all of the essays (these are essentially *European* emotional states which are under scrutiny) as the relative neglect of other possibilities of inter-disciplinary enquiry. Poetry and imaginative literature more generally has a great deal to say about the representation of emotion: Wordsworth’s famous dictum that poetry is the recapitulation of an emotional state: “the spontaneous overflow of powerful feeling . . . from emotion recollected in tranquillity” (Preface to the *Lyrical Ballads*, 1798) is still influential.

Equally, some of the best writing on emotion as a historical subject has emerged from what used to be termed “literary criticism”: Christopher Ricks’s *Keats and embarrassment* (1974) or Mary Ann O’Farrell’s *Telling complexions: the nineteenth-century novel and the blush* (1997) might suggest alternative routes into this subject, whilst the creation of the “man of feeling” is, arguably, one of the most enduring legacies of the Enlightenment. That said, the editor should be complimented for bringing together a series of fascinating enquiries into these most vexing of human states.

Jonathan Sawday,
University of Strathclyde, Glasgow

**Stephanie Moss** and **Kaara L Peterson** (eds), *Disease, diagnosis, and cure on the early modern stage*, Literary and Scientific Cultures of Early Modernity Series, Aldershot, Ashgate, 2004, pp. xvii, 218, £45.00 (hardback 0-7546-3791-3).

When Shakespeare began crafting his plays in the closing years of the sixteenth century,
the London College of Physicians was still a relatively young affair. Created in 1518 to represent university trained physicians practising in the ancient humoral tradition, it rapidly began flexing its muscles in the battle against the large number of alleged “impostors”—wise women, quacksalvers and emerging “chymical” practitioners—who were daring to compete with its members in the medical marketplace. The trouble was, of course, that the expensive and often unpleasant “cures” of this elite coterie of Galenists, involving painful and invasive bloodletting and purging treatments, were frequently perceived as more dangerous and less effective than, for example, the wise women’s comparatively innocuous herbal remedies. But, as the essays in this volume serve to remind us, the harnessing of medical authority in the early modern period had far less to do with statistical success rates than with prognostication and—crucially—with playing a part convincingly.

Medicine and theatre were in this sense intimately related: both required skilful performances and in the late sixteenth century both depended on elaborate sartorial codes. Thus in 1597, as Barbara Howard Traister observes in ‘Doctors and healers in the drama of Shakespeare’, the College created for itself distinctive dress codes involving a great deal of scarlet, purple and silk that served to lend power and authority to the new brand of establishment physician in a far more effective way than the old iconographic tradition of brandishing the urine flask. On stage, clothes made the character, but they could also function to demystify and hold the role up for sceptical interrogation, exposing hypocrisy. Doctors and quacks were notoriously the butt of renaissance satire but Shakespearean drama may have been making a rather more serious point: Traister foregrounds how the few notable medical cures that occur on the Shakespearean stage are the work of empirics (one of them a woman)—types who would definitely have been excluded from the College of Physicians circa 1600. Kaara Peterson’s, ‘Performing arts: hysterical disease, exorcism, and Shakespeare’s theatre’, furthers this book’s premise that early modern medicine and theatre were mutually constitutive. While the early modern stage scrutinized medical performance, members of the London College were called upon to interpret patients’ performances, reading bodily signs in order to arbitrate in disputed cases of hysteria, possession and witchcraft. Such performances of authority inevitably veered in the penal direction, bringing to the fore the complexity of medical role-playing: indeed, the essays in this volume are careful to acknowledge what the editors term the “messy heteroglossia” that constituted medical discourse and practice in this period.

It is difficult to write something new about disease, diagnosis, and cure in Shakespearean drama: it is a field that has received extensive and thorough critical attention in recent years. Yet most of the essays in this volume focus on Shakespeare; this is inevitably why some of their arguments appear laboured and remarkably familiar. There are some fine exceptions though. Imtiaz Habib’s theorized focus on the politics of Elizabethan mental health in relation to race and discourses of nationhood yields some fascinating observations about “racial psychoanalysis” (begging the question is Shakespeare Freudian or is Freud Shakespearean?). Louise Noble’s exploration of “mummy” and the therapeutic value of Desdemona’s corpse produces some remarkable insights, while Lynette Hunter’s knowledgeable study of figural/literal “cankers” in *Romeo and Juliet* is equally innovative and thought-provoking.

With the one caveat that it would be refreshing to see more studies of Shakespeare’s contemporaries alongside those of the bard himself, Ashgate’s bold foray into the widely uncharted territory of the ‘Literary and Scientific Cultures of Early Modernity’ is to be commended—I, for one, eagerly await more titles in this series.

Margaret Healy,
University of Sussex
In the late nineteenth century the German homeopathic physician Wilhelm Ameke criticized the sanguinary methods used by "regular" doctors in treating life-threatening diseases. He alluded to a famous phrase in Shakespeare’s King Henry V: “To meet the cholera, the allopaths ‘nothing do but meditate on blood’”. Instead of meditating, medical historians have written many erudite studies, not only on the history of bloodletting, but also on other historical aspects of a bodily fluid we know as blood in a metaphorical or scientific context. So why another book on the history of blood?

The editor of this collection of essays claims that it is the “disciplinary and historical broadness” which makes it innovative. This often sounds like an excuse for producing another book on a well known subject, but in this case there is some truth in it. The contributions to this multi-lingual volume are based on the papers given during an international symposium at the University of Greifswald in 2003, in which established scholars and young researchers came together for a fruitful discussion of an array of different problems, perspectives, and approaches regarding the history of blood. The editor chose to arrange the essays in a chronological order, but it would also have made sense to structure them in contextual categories: medical/natural sciences, religion, magic and symbolism.

The essays dealing with the medical and scientific aspects cover a whole range of topics: Aristotle’s concept of blood (Alberto Jori); the theory of the movement of blood in Arabic Galenism (Gotthard Strohmaier); blood in the materia medica of the Middle Ages (Hartmut Bettin); medieval haematoscopy (Ortrun Riha); the sixteenth-century debate on the primacy of the veins or the liver in producing blood (Maria Gadebusch Bondio); the rediscovery of blood transfusion in German-speaking-countries at the beginning of the twentieth century (Stefan Schulz); scientific research on the poisonous character of blood (Myriam Spörr); the medical discourse on young males and females supposedly suffering from a “lack of blood” in the early twentieth century (Karin Stukenbrock); blood group research in Nazi Germany (Gerhard Baader).

Blood plays a pivotal role in many religions. Gil Anidjar claims the limpieza de sangre, the Spanish “purity of blood” theory, can be understood only as part of a theologico-political discourse which is not typical of the Iberian peninsula, but rather shared by western Europe as a whole in the later Middle Ages. Isabella van Elferen studies the theme of blood and tears in devotional literature and music of the German baroque. Thomas Schauerte gives us a rather uninspiring view of the religious blood cult in a German place of pilgrimage (Walldürn). Alessandro Barberi investigates the discourse-analytical aspects of blood in three different fields around 1900: theology, history, and economics. Dominique de Courcelles deals with the blood mystics at Port-Royal in the seventeenth century.

The prominence of blood can also be seen in the world of magic and literature: Anja Lauper studies five cases of a violent vampire “epidemic” in eighteenth-century Austria; Roberto Poma discusses the spiritual quality of blood in Paracelsian thought; the symbolic use of blood is demonstrated by Thomas Ricklin who shows how blood changes its meaning in the course of Dante’s Divina Commedia.

Reading these different “blood histories” one gets the impression that the whole is in general better than some of its parts, for example, the contributions by Jori, Bettin, Poma, and Schauerte, which lack the innovative approach promised in the introduction to this otherwise highly readable volume.

Robert Jütte,
Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart
Textbooks are not only for students. Teachers need them too. I remember, as a novice lecturer in the early eighties, being particularly grateful for the Cambridge History of Science series (to which Professor Bynum would later contribute) for supplying my lecture notes with a breadth and authority that would otherwise have been sadly lacking. Cambridge University Press continued this service to the aspiring pedagogues of our specialty with the publication, in 1995, of *The western medical tradition, 800 BC to AD 1800*. Authored collectively by members of what was then the Academic Unit of the Wellcome Institute (and is now the Wellcome Trust Centre for the History of Medicine at UCL), that major textbook was a product, and an authoritative expression, of the recent surge in the quality and quantity of research in the history of medicine. I therefore opened my review copy of a companion textbook, bringing the period covered up to the end of the twentieth century, with some pleasant anticipation.

The authors have divided up the subject matter neatly between them. There are sections on ‘Medicine in transformation, 1800–1849’ (Stephen Jacyna), ‘The rise of science in medicine, 1850–1913’ (W F Bynum), ‘Continuity in crisis: medicine, 1914–1945’ (Christopher Lawrence) and ‘Medical enterprise and global response, 1945–2000’ (Anne Hardy and Tilli Tansey). The volume ends with a series of short but very judicious bibliographical essays and a full bibliography.

The first sentence of the bibliographic essay for chapter 1 is telling. Jacyna writes that ‘Indispensable to understanding the period is Volume One of K. Marx, *Das Kapital*’. The reader is also exhorted not to depend on secondary commentators for his/her understanding of the thought of Michel Foucault, “[n]one of these can . . . substitute for a direct reading of his works” (p. 537). This is not, in other words, a textbook which seeks to pander to the casual, less-than-committed, undergraduate. Jacyna draws extensively upon anthropology and sociology, to sustain a sophisticated engagement with the historiography of the early nineteenth century and its medicine. This section will challenge many, if not most, honours students, but will be ultimately very rewarding for them (and their teachers). Jacyna skilfully deconstructs the ideological role of professional elites and medical heroes, and is tellingly sensitive to the historical significance of the lower ranks of the profession as the “shock troops of the bourgeois revolution”. It is curious, therefore, that he is so lacking in sympathy with the apothecaries, describing them as the “pariahs of medical practice”, and “by far the least interesting” of the medical orders. Uninteresting to whom, one might ask.

The following sections are generally less theoretical but, otherwise, just as broad in conception. Those who already possess Bynum’s previous textbook need have no concern that his section in the current volume merely duplicates what is already on their shelves. While, inevitably, some earlier themes are revisited, the treatment is not only updated but is also both broadened and extended into the early twentieth century. I was pleased to see that Bynum, as befits a former student of Ackerknecht, has no truck with those revisionist historians who have sought to question the link between British anticontagionism and the ideology of free trade. Lawrence explores the great theme of the interaction between medicine and modernity. His account of the impact of the First World War on medicine is balanced and thoughtful; the discussions of specialization and of nosology are very perceptive; and the whole section is peppered with well chosen scientific examples. Lawrence is also instructive on the ideological contexts of medicine between the wars and on the social use of medical metaphors. All the sections effectively summarize the relevant scholarly
literature, but the last (Hardy and Tansey) is particularly welcome, constituting as it does one of the first serious attempts at a comprehensive historical survey of the development of medicine and medical science after the Second World War. The authors have a huge task, for western medicine, in their period, became a global rather than European and American project. They also range very widely in subject matter, exploring scientific, social and economic issues. Their account of the rise of the pharmaceutical industry is particularly useful. Overall it might, however, be said that this section is the least well-organized thematically. This is not, I hasten to add, the authors’ fault—they have more ground to cover and they lack the benefit of the longer and deeper historiographical perspectives enjoyed by the other contributors. Having said that, there is the occasional instance of repetition that a more careful editing might have eliminated.

There can be no doubt that the second volume of *The western medical tradition* will be an essential addition to the reading list of every honours and master’s course in the history of medicine. The book is handsomely produced and also very reasonably priced, at least for the paperback edition, given the word count. The prospective reader may, however, be warned that it is not as entertaining a read as the volumes in the Cambridge Series nor, indeed, as its older companion textbook. This is partly because historians have, in the meantime, increasingly turned away from the sweeping grand narratives that gave the earlier texts, especially the Cambridge ones, such rhetorical force. It is also because the very comprehensiveness of *The western medical tradition 1800 to 2000*—its determination to cover all the major countries of Europe, as well as North America—sometimes gets in the way of narrative clarity. Overall, however, that is a price worth paying for what is a genuinely impressive scholarly and pedagogic achievement.

Malcolm Nicolson,
University of Glasgow


Historians of medical genetics have long been preoccupied with the field’s relationship to eugenics. That focus is certainly understandable given the manifest institutional, personal, and ideological entanglements of “reform eugenics” with medical genetics during the 1950s and 1960s, as well as continuing controversies concerning the eugenic content of such medical-genetic technologies as prenatal and pre-implantation genetic diagnosis. Lindee notes that research in the field has resulted in more diagnostic tests than it has effective treatments for disease and indeed claims that selective abortion following prenatal diagnosis remains the “primary intervention” associated with genetic medicine (p. 202). Thus even she can not entirely escape the eugenics issue. Nevertheless, the focus of her welcome new book is on aspects of the history of the field that have received much less attention from scholars, such as the central roles played by patient and parent advocacy groups in setting research agendas, financing studies, and providing critical information.

*Moments of truth* is not a systematic history of genetic medicine but an analysis of five key developments occurring between 1955 and 1975—two decades during which human genetics was transformed from an institutional and intellectual backwater into a research frontier. Each case study explores a different facet of the field. Thus the routinization of newborn testing for phenylketonuria (PKU) following the 1960 development of a blood test suitable for hospital-based mass screening is used to investigate the rise of public health genetics, and Victor McKusick’s studies of the Old Order Amish, the construction of human pedigrees and rise of mapping studies more generally. Similarly, early research on human chromosomes is used to elucidate how standardization has transformed concepts and practices in genetic medicine, the development of the “twin method”, a variety of issues in the
rise of human behaviour genetics, and the history of research on familial dysautonomia, the role of social organization and technology in both creating and eliminating a genetic disease.

Organizing the book around five quite disparate cases could have resulted in something of a hodgepodge. However, the studies are linked by several themes. Thus running through the discussion of each case are reflections on the question of how nearly all disease came to be understood as genetic disease. Lindee explores how this idea became crystallized during the 1960s and 1970s in texts, scientific and clinical practice, and public policy, and she considers what it meant and continues to mean for researchers, patients, and the public at large.

In general, I found her arguments convincing, but I have a small quibble with the effort to fit the newborn screening case into this periodization. In the 1960s and 1970s, as Lindee herself notes, PKU was generally characterized as a treatable form of mental retardation, with genetics barely figuring in legislative and other debates surrounding screening, nor were many geneticists initially enthusiastic about efforts to mandate the test. It was only in the 1980s that PKU came to be commonly viewed as a success of genetic medicine, a reframing that in my view followed and served to validate the trend described in this book (a trend encapsulated by Abby Lippmann’s term “geneticization”).

A second theme unifying the individual cases concerns the varied types of work and workers involved in medical-genetic research. Thus Lindee argues that the production of scientific knowledge is a community project involving not just researchers, but also research subjects, patients and their families. She emphasizes that non-scientists have often functioned as active research collaborators, as crucial sources of knowledge and funds, and sometimes as validators of researchers’ claims. Thus, in her account, scientific authority is more dispersed than it is often assumed to be and forms of labour not usually characterized as “scientific research” are shown to be integral to the enterprise and made visible. The resulting insight into the structure and organization of contemporary biomedicine is one of the chief contributions of this original and important new book.

Diane Paul,
UMass Boston


Benjamin Franklin and medicine was an excellent idea for a book, and Stanley Finger has executed the project admirably. As patient, advisor, author, publisher, inventor, and inquisitor, medicine permeated Franklin’s life. Franklin was a quintessential Enlightenment figure, an optimist who considered that medicine (along with printing, the study of electricity, and the designing of spectacles and stoves) was among the best practical pursuits through which the human lot might be improved. Franklin took on new medical interests throughout life thus making him a perfect subject for the historian. Franklin’s changing concerns mirror innovations in eighteenth-century medicine and allow Finger to tell a chronological tale weaving together medical developments and biography in a most unforced fashion. In 1733 the young printer in Philadelphia published *Poor Richard*, an almanac full of maxims and medical advice. He promoted smallpox inoculation with characteristic relish and good sense—that is he never seemed to let any medical novelty blind him to its deficiencies. He experimented with electricity as a cure for palsies and his natural scepticism prevented his embracing it with the sort of enthusiasm that fired John Wesley. He studied lead poisoning and music therapy. He conducted an investigation into mesmerism which he viewed with the same steely doubt that marked all he did. In his old age he suffered from gout and experimented unsuccessfully with cures for it.
These many things, Finger relates with pleasing thoroughness, plying the reader with sufficient background detail to make for comprehension but not so much as to spoil the plot. The most striking thing that emerges from this biography is that Franklin was one of the first modern citizens of the United States and, indeed, the western world. He took completely seriously the doctrine of *mens sana in corpore sano* and cultivated his body as a means of fostering a serious republican mind. In this respect, like so many Enlightenment figures, he also looked back to ancient political and medical models; not that he was a solemn or solitary figure: quite the reverse. He was a jovial, clubbable chap, who saw in conviviality a natural route to social harmony—much like the Scots who clearly warmed to him. His advocacy of knowledge of the management of the six non-naturals placed him firmly among both the ancients and the moderns. He was a vigorous swimmer, promoted the virtues of fresh air, trees and forests, and was a kindly presence and knowing intellectual critic around serious-minded folk like Joseph Priestley. Knowledge of medicine in the broadest sense, he clearly believed, fostered the life of society, and here is the difference with the ancients: like the young French reformers such as Pierre Cabanis, with whom he spent much time, he saw medicine as a social institution, not simply a form of knowledge and practice to be used for individual betterment. This excellent book lacks nothing except Franklin’s most memorable aphorism: “Beer is living proof that God loves us and wants us to be happy.”


Anyone who has read John Fulton’s biography of Harvey Cushing (1869–1939), or dug through the mountains of Cushing’s surviving papers, will appreciate Michael Bliss’s study, *Harvey Cushing: a life in surgery*. Bliss, with that characteristic verve and detailed finesse which distinguished his earlier biography of William Osler, has produced yet another fine portrait that will delight various audiences. Although historians of medicine will undoubtedly have more to add about Cushing’s life and legacy, there can be no denying that this volume reveals much about the life of this American surgeon and scholar.

Given the extent of the archival collections from Cushing’s life, it is amazing how little historical attention has been paid to him as a figure, and to what his papers reveal about modern American medicine. Other than a few edited books, an excellent dissertation by Ock-Joo Kim, and several scholarly articles, the major secondary sources on Cushing have remained the 1946 “official biography” by Fulton and Elizabeth Thomson’s 1950 study. Though each is useful, as Bliss notes, both suffer from limitations, including choices of literary style, lack of access to primary sources, and rather adulatory authorial voices. By contrast, Bliss, in what he describes as an attempt at “Fitzgeraldian sensibility”, uses wide-ranging sources to document an ambitious, perplexing, and often tumultuous, private and professional life (p. x).

In concise vignettes, Bliss traces Cushing’s life. Born in Cleveland, Ohio, Cushing was the tenth child of a medical dynasty—and thus, as one might expect, enjoyed numerous advantages from this privileged social background, including education at Yale, Harvard, and Johns Hopkins, where he was trained by many of American medicine’s most important figures. Subsequent chapters portray Cushing’s early medical career, the development of his surgical manner and prowess, deductive mind, and clinical research. From the “birth of neurosurgery” through the travails and even “inauspicious” brain-snatching involved in his pioneering research on *The pituitary body and its disorders*, Bliss illustrates moments in Cushing’s
Nonetheless, it is striking that Cushing always seems to have expected more. Bliss does not shy away from the consequences of such ambition: Cushing’s relationship with his family suffered because of his workaholic lifestyle.

Early on in the Great War, Cushing travelled to France with a Harvard medical team. His war diary, subsequently published to critical acclaim in 1936, is a fascinating and important account of a surgeon’s experiences in France. Bliss builds upon that historical treasure further by revealing, surprisingly, that Cushing was initially unenthusiastic about this venture. In the remaining chapters, Bliss covers the last years of Cushing’s life: from failed plans for a national institute of neurology, to book collecting, the marriages of his children, and the tragic death of one of his sons. It is an engrossing account.

I enjoyed this book immensely and have had no trouble recommending it to others. Still, there is something dissatisfying about it as well. Before I started reading, it was obvious to me that Harvey Cushing was a “great man”. But could Bliss have said more? To be sure, his expository narrative style is elegant, but is there an argument in this book? His footnotes tell of diligent archival research, but there is little suggesting Bliss is troubled by his project’s rather polemic nature. Despite the fact that there is now a considerably sophisticated secondary literature on the nature of biography and autobiography, there is no real indication here that Bliss possesses critical insight or theoretical knowledge of his chosen genre. Surprising this, since he is quick to denigrate Fulton’s earlier biography, implying that it suffered because Fulton wrote it in an intoxicated stupor. However, for me, Fulton’s biography reads like many other biographical works from that era and earlier, and I am not convinced that Bliss’s book is altogether different. Indeed, one merit of Fulton’s study is that it captures the social perception and reception of Cushing’s ideas and techniques abroad in ways that Bliss’s account does not. Though Bliss’s research is remarkable, it is noteworthy that it is based mainly in North American archives (perhaps excusable since Cushing kept copies of much that he wrote). Still, there are archival sources elsewhere that would have subtly changed this representation of Cushing, and in consequence have produced an even broader perspective.

Stephen Casper,
University of Minnesota


The 1936 Nobel Prize in Physiology or Medicine was awarded to Henry Dale of London and Otto Loewi of Graz for their separate but synergistic discoveries of the role of acetylcholine in the transmission of neural impulses in the autonomic nervous system. It provided scientific authority and legitimacy to the concept of chemical neurotransmission. However it was to be a further two decades before the idea was widely accepted by more than a few faithful adherents, whilst many, if not most, neurophysiologists continued to believe that most, if not all, neural transmission was electrical. During the 1930s, 1940s and early 1950s, debates between these two groups frequently enlivened meetings of the Physiological Society, and became known jocularly as ‘Spark versus Soup’: hence the title of this book.

This volume records the history of much of the work on chemical neurotransmission, starting from the development of the neurone doctrine, through the Nobel Prize winning work, up to the modern day concepts of “first messengers” and neuromodulators, and with a final epilogue of historical reflections based on the author’s active career of almost fifty years in neurobiology. Throughout there is a strong biographical emphasis on the main players, including Dale, Loewi, Walter Cannon, and
their colleagues and successors, particularly Wilhelm Feldberg and John Eccles.

Early chapters set the scene by describing in particular the influence of the Cambridge department of physiology, especially that of John Langley and Walter Gaskell. The significance, or otherwise, of the work of Thomas Renton Elliott, often credited with the first articulation of chemical neurotransmission, is thoroughly discussed, and the importance of the autonomic nervous system emphasized. Gradually, the various pieces of the jigsaw puzzle of chemical neurotransmission are uncovered: Dale and Ewins’ discovery of acetylcholine in an extract of the fungus ergot and their demonstration of its powerful depressor effect in the parasympathetic nervous system; Loewi’s observations of vagusstoff and acceleransstoff, chemical substances apparently released on neural stimulation; Dale and Dudley’s most important discovery, whilst looking for histamine, that acetylcholine was a normal constituent of the mammalian body; and the increasing evidence that vagusstoff was indeed acetylcholine. In 1933 came the arrival in Dale’s laboratory of Feldberg, a refugee from Hitler’s Germany, who brought with him the eserinized leech muscle preparation that finally provided a sensitive bioassay for acetylcholine. It was only a short matter of time before compelling evidence of acetylcholine release after nerve stimulation was compiled and the work was recommended by the Nobel Committee for the Prize. Meanwhile in Harvard, Cannon and his assistants, firstly the Belgian Zenon Bacq, and then the Mexican, Arturo Rosenblueth, were doing parallel work on the sympathetic nervous system. Here the work was complicated by the dual responses seen by stimulation of the sympathetic nervous system, excitatory in some systems, inhibitory in others. To explain this Cannon and Rosenblueth devised a complicated theory of sympathin-E (to account for the excitatory effects) and sympathin-I (to account for the inhibitory effects) secreted by sympathetic fibres. Although Dale always acknowledged Cannon’s work in showing that a chemical was liberated from sympathetic fibres, he was never convinced by the sympathin theory, and on the whole it did not receive much support in the UK. It was Raymond Ahlquist, an unsung hero in the history of chemical neurotransmission and one who gets little attention here, who later unravelled the complexities of adrenergic receptors and their differential sensitivity to catecholamines, thus opening up the final elucidation of sympathetic neurotransmission. It was Ahlquist’s work that finally discouraged the use of the confusing word “sympathin”, an important step more than matched by Dale’s proposal, also glossed over here, of the words “cholinergic” and “adrenergic” to describe fibres by the kind of chemical (rather than the chemical itself) they might use, because “such a usage would assist clear thinking, without committing us to precise chemical identifications, which may be long in coming” (H H Dale, ‘Nomenclature of fibres in the autonomic nervous system and their effects’, J. Physiol., 1934, 80: 10–11).

Sadly, the book is riddled with numerous irritating small errors—for example, within just a few pages in the chapter on Henry Dale, Patrick Laidlaw is incorrectly identified (twice) as Peter; Dale did not head the Wellcome Trust Fund, he was Chairman of the Wellcome Trust; the novelist who founded the George Henry Lewes studentship was George Eliot, not Elliot. There is no such thing as the National Research Committee, it is not now the National Research Council, and Dale was not appointed to it in 1914. He became a member of staff of the Medical Research Committee (later the Medical Research Council) not a member of the Committee, and worked originally in the Central Research Institute that became the National Institute for Medical Research (NIMR) not the Institute of Medical Research, and it was not in Hampstead until 1919. There is no evidence that dissatisfaction at increasing calls to test Burroughs, Wellcome & Co’s products led to Dale’s departure from the Wellcome Physiological Research Laboratories, and indeed the suggestion that difficulties about the use of the word adrenaline

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encouraged him to consider other positions is plain wrong—that debate occurred in 1906, Dale shortly afterwards became the Director of the Laboratories, and remained there for another eight years. These errors, whilst individually small, are cumulatively irritating. Equally the insufficiency of some figure legends, and indeed of some of the figures themselves, detract from the presentation of one of the most riveting stories of modern neuroscience.

E M Tansey,
The Wellcome Trust Centre for the History of Medicine at UCL


Since John Simon's appointment in 1855 as Medical Officer to the General Board of Health there has existed a post for a public health doctor within the British government. In this work, Sally Sheard and Sir Liam Donaldson examine the office of the Chief Medical Officer (CMO), aiming to trace the development of the role and its interpretation by individual incumbents. Rather than adopt a chronological approach, the authors have chosen to organize their account thematically. After initial chapters dealing with the career of John Simon, the initial underlying principles and surviving practices of the CMO post, and the selection of men for the post (a woman has yet to hold it), succeeding chapters highlight episodes in the tenure of different CMOs in order to explore an enduring aspect of the office. Thus, the third chapter, which examines the importance for health policy of the interaction between CMO, Permanent Secretary and minister, shifts focus between time periods. Other chapters also move backwards and forwards in time. Chapter four, illustrating the combined role of the CMO as manager of a government department and resident expert, is especially fragmented, the non-chronological structure making it difficult to grasp changing departmental structure.

Chapter five covers the relationship of the CMO with the medical profession, chapter six the CMO’s importance as a co-ordinator and interpreter of internal and external advice in guiding policy, and chapter seven the CMO’s interaction with the public. One drawback of the authors’ chosen approach throughout is that it is often disorienting; a linear narrative is taken up intermittently to be quickly dropped, and this is not effectively balanced by the very brief profiles of each of the CMOs at the back of the book. Overall, this tends to obscure a sense of change over time, which lends this volume an emphasis on continuities.

The authors are evidently concerned with the recurring themes they have identified in their analysis of the role of the CMO. This is where Donaldson’s agenda as the current CMO makes itself felt. In chapter eight especially, which deals explicitly with the “common threads” (p. 167) running through the role of the CMO from 1855 onwards, it is difficult to escape the sense that Donaldson, at least, is keen to laud the office and draw attention to its pressures and problems. The issues of fair remuneration, access to sufficient staff and resources, and the heavy impact of the National Health Service on the duties of the CMO, are prominent themes, as is the tension between meeting the demands of government and the medical profession while maintaining the confidence of both sides.

These are probably valid insights but, unfortunately, the book lacks the detailed and contextualized historical analysis to bring them to life. There is barely any attempt to consider the political, social or intellectual context within which the CMOs in this story acted. Even the economic background is usually mentioned only in passing—paradoxically, given the concern with depicting the struggle for resources faced by successive CMOs. Statements such as, “The [new] Ministry [of Health] . . . should have provided a centralized administration to integrate existing services [but] it failed to capitalize on its potential power [and services remained] under the control of local government”, for example, ignore the
well-established precedent of local control with permissive rather than directive central legislation that pertained in 1919. In other places, attempt at historical analysis has been abandoned entirely, as in the statement that “Newman appeared to burn out” (p. 27), the only explanation offered for what is seen as a reprehensible failure on his part to effect change. Strong personal bias is evident in the treatment of various CMOs: for example, the description of George Godber verges on hagiography while George Newman is clearly held in contempt. Such judgements, unsupported by close and balanced analysis, beg many questions while answering none.

It would seem unreasonable to expect the first major study, as the back cover blurb informs us this work is, of the office of the CMO also to be the last word on the subject. Notwithstanding this, The nation’s doctor will greatly disappoint historians with its shallow evaluations and presentist bias.

Jane K Seymour,
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In 1990, Lindsay Granshaw expressed optimism about the future of hospital histories. Over the preceding decade, studies that examined the hospital in its medical, social and economic context were beginning to challenge old-style institutional histories in which great men and women, new buildings, nursing reforms, and medical schools dominated. The 1990s saw an acceleration of this trend with the publication of a number of revisionist comparative histories and individual studies that firmly rejected traditional hagiographic accounts. Unfortunately, the Carruthers’ book, A history of Britain’s hospitals, does not belong in this mould. Although they share some of the revisionists’ interests in hospital management and funding, their history of English hospitals from the Romans through to New Labour belongs firmly to a now largely outdated approach to hospital history.

A history of Britain’s hospitals is an unappetizing and predictable narrative that follows a loosely thematic framework. Although chapters are devoted to medical education and the origins of the “modern” nurse, for the most part the Carruthers present a series of hospital biographies broadly constructed around hospital type—general, specialist, maternity, paediatric, municipal, mental, and cottage hospital. These sequentially describe the history of individual institutions from their foundation to the first decade of the NHS. The social, economic and medical context is frequently absent and the emphasis is firmly on founders, new buildings, nursing arrangements, and medical schools. Description and contemporary comparisons are favoured over analysis. Patients and medical treatments are largely absent in an account that is often partisan.

Although the acknowledgements imply lengthy study in numerous metropolitan archives, the absence of references makes it hard to disentangle where the Carruthers have bought wholesale into the traditional Whiggish perspective found in the older secondary literature and where they have employed their archival research. There are glaring gaps in the bibliography: key revisionist institutional studies and comparative texts, such as Borsay on Bath, Marland on Wakefield and Huddersfield, or Pickstone on Manchester, appear not to have been consulted. Instead, the Carruthers rely on outdated syntheses and old-style institutional histories for their narrative. Most of the book hence concentrates on the eighteenth and nineteenth centuries, the heyday of the voluntary hospital movement, and contains an implicit lament for the end of the charitable status of these institutions under the NHS. The medieval and early modern periods are largely neglected and deemed a

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time when little happened. Even the NHS receives relatively little attention. Whole regions are ignored. For *A history of Britain’s hospitals*, the Carruthers’ account is biased towards London. If an emphasis on metropolitan institutions is hardly unusual in hospital histories, the Carruthers largely overlook the existence of hospitals in Scotland or Wales. The institutions that are covered and the medicine and nursing care they offered are frequently treated anachronistically. Certain myths are reinforced: for example, Bedlam remains brutal; quacks are ignorant; surgery heroic until Lister’s uncontested introduction of antiseptics; and the Crimean War and Florence Nightingale the main reasons for nursing reform.

This is not to say that the Carruthers’ history is not without some merit. Their research in various London archives has resulted in the unearthing of some additional information not found in existing institutional histories. Their thematic approach also highlights the variety of institutions and the different institutional stories that shaped hospital provision. Overall, however, the Carruthers have studiously managed to neglect developments in hospital history over the last thirty years. Rather than producing a much needed new synthesis of current research, they have ended up writing an administrative account in which new buildings, medical advances, nursing reforms, and medical education dominate.

Keir Waddington, Cardiff University
Patient Experience Rating. Doctor has top marks across all patient-rated categories. Listens attentively. Rated highly on their manner and listening skills. Anna Trzeciecka, Sanjoy K. Bhattacharya. Labeled quantitative mass spectrometry to study the host response during aspergillosis in the common bottlenose dolphin (Tursiops truncatus). Guillaume Desoubeaux, Maria del Carmen Piqueras, Carolina Le-Bert, Vanessa Fravel, Tonya Clauss, Alexa J. Delaune, Risa Daniels, Eric D. Jensen, Jennifer E. Flower, Gregory D. Bossart, Sanjoy K. Bhattacharya, Carolyn Cray. Optic Nerve Lipidomics Reveal Impaired Glucosylsphingosine Lipids Pathway in Glaucoma. by Sanjoy Bhattacharya Mark Harrison And Michael Worboys (Author). ISBN-13: 978-8125028666. ISBN-10: 8125028668. This bar-code number lets you verify that you're getting exactly the right version or edition of a book. The 13-digit and 10-digit formats both work. Scan an ISBN with your phone Use the Amazon App to scan ISBNs and compare prices. Have one to sell? Sell on Amazon. This “Cited by” count includes citations to the following articles in Scholar. The ones marked * may be different from the article in the profile. Add co-authors. Upload PDF. Based on funding mandates. Follow. Sanjoy Bhattacharya. Professor, University of Miami. Verified email at med.miami.edu - Homepage. Sanjoy Bhattacharya is Co-Director of the History Department’s Centre for Global Health Histories, Professor in the History of Medicine, a Wellcome Trust Senior Investigator and the Head of the WHO Collaborating Centre for Global Health Histories at the University of York. Sanjoy specialises in the health, medical, political and social history of nineteenth and twentieth century South Asia, as well as the history and contemporary workings of international and global health organisations, and their programmes around the world. Sanjoy has always worked in inter-disciplinary ways and within inter...