

Book Reviews

Jonathan Andrews and **Andrew Scull**, *Customers and patrons of the mad-trade: the management of lunacy in eighteenth century London with the complete text of John Monro's 1766 case book*, Medicine and Society, Berkeley and London, University of California Press, 2003, pp. xvi, 209, illus., £29.95, US\$44.95 (hardback 0-520-22660-7).

Psychiatry today has three salient features: first, the profound uncertainties and ambiguities in the scientific knowledge base which masquerade as facts; second, the pervasiveness of conflicting ideas and values; and third, the complexity of the group process involving professionals, family, the state and the individual by which we come to an agreement about what to do. Evidence, paradox and consensus are the stuff of modern practice. How reassuring then to discover that John Monro's 1766 case book, his jottings or "*aide-memoire*" about new and returning patients, suggests that the practice of eighteenth-century mad-doctoring was beguilingly similar in its pragmatic eclecticism and yet fascinatingly different in the detail. The reviewer was reminded of the psychiatric house officers' shorthand "admission notes" from twenty years ago, when detailed description of symptoms and signs took precedence over personal comment on the status of delusional ideas and aetiological origins.

But the modern shrink reading Monro's jottings has to beware the diverting but ultimately sterile pleasure of translating eighteenth-century symptoms into DSM-IV diagnoses. Far more important is what his case book tells us about the practice of one of the best known mad-doctors of his day and about the world in which he operated. These then are the themes explored by Jonathan Andrews and Andrew Scull in this second volume about John Monro. The first, *Undertaker of the mind: John Monro and mad-doctoring in eighteenth-century England* (2001), established the context and professional history of a man who sat at the pinnacle of

mainstream, solidly successful, middle-class practice. The John Monro who emerges from this second book is not the Bethlem physician, a post he held from 1751 for four decades, which tenure conferred professional prominence but relatively modest financial reward, nor the wealthy mad-house proprietor who secured the prosperity of his descendants for the next century, but rather the private physician to respectable moneyed, but not necessarily exceptionally wealthy, families who consulted him on a day to day basis. Monro's complex web of business relations with madhouses at Hoxton and elsewhere, his roaming domiciliary visits, the patients who returned with recurrent episodes of psychosis and the significance of his approach to case management and treatment are scrutinized here by Andrews and Scull in a highly readable and refreshingly immediate narrative. The essential foundations of the critical authority of medical practitioners like Monro, the social roots of their economic success and their subsequent intellectual imperialism over the lives of the mad emerges successfully but so too do the origins of the stigmatized social position of those associated with the dread lunatic. Monro's fame made him the target of lampooning cartoons and the butt of high society jokes as well as a lucrative practice. Fear and revulsion of the insane still affects the status of professionals in the trade.

The book has relevance for anyone interested in the later and until now rather better researched nineteenth-century alienists and the Victorian asylum, and also in the origins of twentieth-century office psychiatric practice. Much has been written about John Monro and other Monros before but never in this detail and never with Monro's own rather stolid clinical self speaking directly to us. The authors' impeccable scholarship in the detail is singularly impressive. This and its companion volume are essential reading for social historians of the eighteenth century. My only quibble is, why on earth two books when one would have

done? The case book lies at the heart of both and without it the first to be published was rather like a birthday party without the cake. But that aside, the value of these two complementary volumes is without a doubt the confirmation that within the social class milieu in which he worked, an eighteenth-century mad-doctor's management objectives for his patients and their families were in many respects similar to his nineteenth- and twentieth-century counterparts. No sudden ideological leap separates the approaches to personal mad-doctoring this past three centuries.

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Pamela Michael, *Care and treatment of the mentally ill in North Wales 1800–2000*, Cardiff, University of Wales Press, 2003, pp. ix, 252, illus., £14.99 (0-7083-1740-5).

This scholarly and sensitive history of the Denbigh mental hospital in North Wales makes a valuable contribution to the history of psychiatry in its British context. It is not a study that makes a fanfare about its arguments, though briefly in the introduction it is acknowledged that the encounter with this institution has steered the author away from expectations fostered in a reading of Foucault towards an admiration for humanitarian effort and achievement in the face of considerable odds. Thereafter, it slips into a primarily descriptive mode. But this is not to denigrate: it is here that genuine insight and new understanding does constantly emerge, often springing from the smallest detail. With obvious sympathy for history from below, Pamela Michael frames her approach to the history of an institution as one that will place the patient at the centre of things. And there is the intriguing and original ambition to demonstrate how the culture of the patients helped to shape the institution. She does get some way in achieving such objectives. Intriguing stories of patients and their lives are scattered throughout, though

often at the end of chapters rather than as central or even integral parts of the main story. Instead, at the centre, animating and holding together the narrative, is what one might call the character of the institution itself. Sitting in its archives, immersing herself in its architecture, and getting to know a staff past and present, who are committed historians in their own right, Pamela Michael has developed an empathy and quality of historical imagination that is often lacking in this type of institutional history. So it is her ability to describe the noise of asylum, for instance, her attention to the minute detail of the “daily round” and “underlife”, not the patient narratives for all their interest, which saves this from being another empty asylum.

The coverage of such a long period, from nineteenth-century roots to twentieth-century dissolution, means that we also have here in miniature a history of modern British mental health care. Since no historian of recent years has managed to put this whole story together, and since Pamela Michael's command of this long sweep of history is so convincing, the value of the book goes beyond that of a mere case study. This is particularly so when it comes to the less familiar territory of the twentieth century where there are a series of important findings and the demonstration of what policy meant in practice. To some extent, this runs counter to what initially appears to be the book's central claim for significance: its development of what one might call a Welsh way in lunacy. Such an agenda follows a body of work over the last decade that has qualified an Anglocentric vision of British mental health care with work on Scotland and Ireland, but until now very little on Wales. Denbigh is certainly a good choice with this agenda in mind, not least because of the importance of the Welsh language in the North. Throughout, there is an attempt to probe the significance of the Welsh context, with the opening up of a Welsh social epidemiology shaped in particular by religion perhaps most intriguing. But for much of the time it is far from clear that this was a “Welsh system”, rather than a case study for thinking about provinciality more generally, and

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it would certainly be a shame if the study were neglected as having a value in relation to the Welsh context alone. Indeed, anyone wanting a clear story of how the British way in lunacy changed over the course of two centuries and what this could mean for a single institution would not be being misdirected if they ended up, as they should from now on, in remote North Wales.

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Maxime Schwartz, *How the cows turned mad*, transl. Edward Schneider, Berkeley and London, University of California Press, 2003, pp. viii, 238, £17.95 (hardback 0-520-23531-2).

Billed as a “detective story” that “illuminates the remarkable progression of science”, *How the cows turned mad* is the English translation of a French text by Maxime Schwartz, molecular biologist and former head of the Institut Pasteur, Paris. Schwartz goes beyond existing histories of Bovine Spongiform Encephalopathy (BSE or “mad cow disease”) to consider the growth of knowledge about related diseases, which since the 1960s have been grouped together under the heading Transmissible Spongiform Encephalopathies (TSEs). These include scrapie in sheep, Creutzfeldt Jacob Disease (CJD) in man, and kuru, a disease of cannibalistic Papua New Guinea tribesmen.

To Schwartz, TSEs are “the disease”, and BSE, CJD, kuru and scrapie are the different “guises” that it has adopted in a bid to escape scientific detection. Starting in the eighteenth century, he moves effortlessly over time and space, tracing its diverse clinical and pathological manifestations. He describes how late nineteenth- and twentieth-century advances in bacteriology, genetics, biochemistry and molecular biology enabled European and American scientists to make important discoveries that contributed to the understanding of disease aetiology, pathology and epidemiology. He also recounts how, in recent

years, the consumption of BSE-infected meat and the use of contaminated human growth hormone preparations has given rise to CJD in young adults, and asks whether, in the light of concurrent scientific knowledge, such tragedies could have been avoided.

The English translation of this text is brought up to date with a new chapter, which describes the events and discoveries of the year 2001. In conclusion, the author identifies several impediments to the growth of knowledge about “the disease”: its elusive behaviour; the existence of disciplinary and professional barriers which meant that scientists were often unaware of relevant work undertaken in another field; and the fact that scientists’ findings, in suggesting that an infectious protein (prion) caused “the disease”, ran counter to accepted scientific thought.

Written for a lay audience in the year 2000, when BSE and CJD were subject to widespread media attention, Schwartz’s aims were two-fold: to educate readers, so enabling them “rationally [to] assess the often alarmist information” that came their way, and to celebrate the successes of modern science. It is impossible to assess whether he has managed to dispel fears about BSE and CJD, but in his second goal he has largely succeeded. This is a concise and extremely readable account, which provides a good overview of the growth of knowledge about TSEs and renders accessible some extremely complex scientific information. As such, it is a good starting point for anyone wishing to learn more about the nature of these unusual diseases, although the bibliography is limited, and the reader may find irritating Schwartz’s portrayal of “the disease” as a sentient being that has repeatedly tried to evade capture.

Historians, however, will find this work rather less useful. The author’s retrospective narrative runs counter to mainstream academic history of medicine, as does his celebration of scientific heroes and their discoveries, and his imposition of a present-day disease category upon the past. In confining his attention to the science of “the disease”, Schwartz mentions but does not address the controversies that

surrounded it and so neglects its immense political, economic and cultural significance. There is also much scope for deepening his analysis of how scientific dogma and disciplinary boundaries have influenced not only the growth of scientific knowledge but wider perceptions of and responses to the TSEs. That said, Schwartz's book is a good departure point for future studies, and it is to be hoped that historians will succeed as well as he in popularizing this extremely important subject.

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Susan D Jones, *Valuing animals: veterinarians and their patients in modern America*, Baltimore and London, Johns Hopkins University Press, 2003, pp. xii, 213, illus., £33.50 (hardback 0-8018-7129-8).

The intertwined histories of domesticated animals, human–animal relationships and veterinary medicine represent a very interesting scholarly field; nevertheless, they have received only limited attention from historians. Veterinarians have written the majority of books on the history of veterinary medicine, however; most of them lack proper documentation and analysis in a broader cultural context. Work on the contextual history of veterinary medicine has only recently emerged. Therefore, this study by Susan Jones is very welcome. Based on a wide variety of scientific and popular sources, she has approached the history of veterinary medicine and the veterinary profession in twentieth-century America from the perspective of changing human–animal relationships, particularly the changing economic and emotional value of domesticated animals.

In five thematic chapters, Jones explores a particular group of animals and its role in American society. The chapters deal with crucial junctures at which transformations in animal valuation and the development of the veterinary sciences and the veterinary profession

influenced each other: the transition from horse power to motorized vehicles, public health concerns over animal food products, the rise of factory farming and the emergence of companion animal medicine. The final chapter highlights how veterinarians worked during the twentieth century to reconcile animal exploitation with morality. The book also includes a very useful introduction to sources on veterinary history and human–animal relationships.

In an original and compelling way the author describes how the relationship between Americans and their domestic animals changed dramatically during the last century. Around 1900, almost half of the population lived and worked on farms in close contact with animals. A century later the population was mainly urbanized, horses changed from common working animals into popular hobby animals, while pets changed from luxury animals for the élite into members of the common family. In the same period a comprehensive infrastructure for animal food production and quality control developed. Some important related issues such as antivivisectionism, animal welfare, anthropomorphism, concern over food safety, and the development of veterinary practices in the livestock industry and specialized companion animal medicine are taken into account.

Considerable attention is paid to the role of veterinarians in valuing domestic animals as well as their role in changing human–animal relationships. When working horses were replaced by motor vehicles, veterinarians intensified their activities in making the livestock industry more profitable and created the field of veterinary public health. Later veterinarians paid more attention to the growing number of pets that represented a high sentimental value for their owners, thus creating a “modern pet culture”. According to Jones, veterinarians contributed to and manipulated animal value in order to claim a place as indispensable mediators of human–animal relationships. She argues that veterinarians' contribution to the reconciliation of animal use with concerns about morality “shaped the development” of large-scale

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production of animals for food and commercialized pet keeping. “Veterinarians have sought to address Americans’ uncertainty about the ‘proper’ human–animal relationship as the ideological driving force of their profession. They did not pretend to be philosophers, but operated as rationalists meeting social needs” (p. 3).

One could question such an influential and active role for the veterinary profession within social-economic and political processes that determined the value attributed to animals and the development of animal health care. As representatives of a very practical profession, even with a certain aversion to theorizing, most veterinarians operated from an economic rather than an ideological point of view. They simply wanted to make money. One could also argue that veterinarians did not shape Americans’ relation with domestic animals but just took advantage of new business opportunities that resulted from social, economic and political change.

Nevertheless, Susan Jones has written a very interesting book. It suggests the necessity for an international comparison of the historical development of the veterinary profession, before we can evaluate whether indeed this profession constituted a significant directing force in twentieth-century history in general, and in human–animal relationships in particular.

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Paolo Palladino, *Plants, patients and the historian: (re)membering in the age of genetic engineering*, Manchester University Press, 2002, pp. ix, 250, £47.50 (hardback 0-7190-6152-0).

Plants, patients and the historian contains elements of three books in one volume: an insightful, well-documented history of plant breeding research in Britain, 1910–40, a biography of the surgeon and cancer researcher Percy Lockhart Mummery, and an intellectual

memoir tracing the author’s attempts to come to terms with his role as a historian and his relationship to his subject matter. Palladino opens by describing the parallels between the practices of genetics and modern historiography: genes and archives are both repositories of the victors’ spoils in struggles for power and domination, though victory is tempered by conflicting documents and genetic aberrations. Exploring the two together, Palladino promises, will illustrate how the archive is not merely a repository of the past, but also “the principle of formation of the past, the present and the future”(p. 7).

At the beginning of the twentieth century, after William Bateson rediscovered the work of Gregor Mendel, many British botanists believed that Mendelian principles would transform plant breeding into a precise and exact science. At the same time, the rapidly expanding brewing industry, which held considerable political clout, sought improvements in quality control and crop uniformity. Because the development of new crop varieties was an expensive and risky proposition, there was a push for state support of agricultural research, resulting in the creation of three state-supported scientific research centres, including the Plant Breeding Institute at Cambridge University.

However, plant scientists had conflicting views regarding the utility of genetic theory for farming practice. Sir Rowland Biffen, first director of the Plant Breeding Institute, believed genetic principles were essential to developing improved plant varieties, a view supported by the success of his influential Yeoman wheat variety. But others, for example, John Percival of the Department of Agriculture at University College of Reading, insisted that characteristics of interest to farmers, such as yield and strength, were influenced by such a complex array of physiologic and environmental factors that they could not be reduced to Mendelian principles.

Throughout this debate, there was a parallel tension between the aims of the academic scientist and the needs of the farmer. Cambridge plant researchers insisted that in order to be objective, agricultural science must be wholly

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independent of the agricultural industry. In contrast, the University College of Reading was established in 1892 specifically to meet the needs of the local farming community and was more closely associated with agricultural practice.

At this point, Palladino abruptly shifts his attention to cancer research. He rightly points out how historians have been complicit in the triumph of the laboratory as the preferred route to biomedical knowledge and vows instead to focus on clinical research and, in particular, the neglected voice of the research subject. But after poring through twelve filing cabinets of records from the St Mark's Hospital Polyposis Registry, he comes to realize that his efforts are fruitless. These voices cannot be recovered from medical records and family disease histories. "I have been deploying historical actors . . . to serve my own historiographical purposes, almost as if they had no agency in the making of historical recollection" (p. 157).

So Palladino delves even further into the life of one individual—Lockhart Mummery—with an eye to what made the surgeon tick. He uncovers a complex and iconoclastic character, a man very attractive to women, with a passion for gambling, who viewed eating as an art form. Not only did his life violate social conventions, "[i]t was without rhyme or reason beyond itself" (p. 173). What is a historian to do? Palladino falls into existential crisis mode, questioning his motives as a historian and even his own identity (at this point his friends and colleagues must have feared the worst). Rather than simply constructing an argument, Palladino makes the reader struggle along with him, and it is this autobiographical element that makes the book especially engaging and unique.

In the end, Palladino is saved by an occurrence of intellectual serendipity (the book is full of such moments), as he notices on his bookshelf a book of essays by Sir George Stapledon, a director of the Welsh Plant Breeding Station. Stapledon resisted the preservation thrust of the National Trust, arguing that nature should be appreciated in action, not as a static monument. Palladino finds inspiration here for understanding the historian's relationship to the archive, which "should not be conceived

as a place of recognition, but as a place of experiment in transformation" (p. 183). In other words, while the archive cannot reveal the true voices of historical actors, the historian's interaction with the archive can produce new voices that have authentic relevance for the here and now.

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Keir Waddington, *Medical education at St Bartholomew's Hospital 1123–1995*, Woodbridge, Boydell Press, 2003, pp. xii, 464, illus., £45.00 (hardback 0-85115-919-2).

Recent years have seen considerable additions to our knowledge of medicine in London and of medical education in particular. A glance at Keir Waddington's select bibliography will confirm this. His own impressive study adds much to this new literature, not least because of being closely focused on a single institution: one that was regarded both by its students and teachers and by many elsewhere as the premier teaching hospital in the capital. In this large volume Waddington attacks a long period but really only gets into his stride in the nineteenth and twentieth centuries. He has been diligent enough with the earlier centuries but there is little to say about medical education, however. It is noteworthy, though, that he finds the presence of apprentices and medical graduates common on the wards before the eighteenth century (p. 19). As in all other voluntary hospitals, clinical teaching increased dramatically in the Enlightenment and, at Bart's, Percival Pott was the initial mover of this development. Waddington, however, has no doubt that it was the surgeon John Abernethy who became the powerhouse of Bart's teaching and the virtual single-handed creator of the medical school. By the 1820s several hundred students on the surgical side were attending the hospital. It was in this decade that Abernethy began to refer to Bart's as having a "Medical School" (p. 39). Waddington's account of these changes is not a linear, myopic one. He draws the reader's

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attention to such things as the importance of the Apothecaries Act of 1815, the criticisms of the hospital schools made by the *Lancet* and the sometimes strained, although usually cordial, relationship of the clinical teachers with the hospital governors. Although not a “great man” history, it is clear from Waddington’s story that some figures did have an enormous effect on the growth of the school. One such was the physician Peter Mere Latham whose stress on bedside teaching and physical examination shifted the emphasis of the school.

Clinical medicine was not the only subject taught at Bart’s. Anatomy, physiology, chemistry, materia medica and a variety of other disciplines were all built into the curriculum, especially after the 1830s. In two of the strongest and most original chapters of the book, ‘Mid-Victorian medical education’, and ‘Mayhem and medical students, 1662–1939’, Waddington addresses in detail how it was that the frequently wild, riotous, sometimes drunken medical student of the early nineteenth century was turned into the relatively docile, studious, aspiring bourgeois doctor of the Edwardian era. First a residential college on the Oxbridge model was founded. Here students could be corralled and supervised. A system of scholarships and prizes was introduced. Written examinations appeared. A Discipline Committee was established along with attendance registers. Philosophical societies and, later, sports clubs, fostered the new ethos. By no means perfect, the reforms did, however, encourage Bart’s many medical students to be pupils their institution could be proud of. No doubt broader changes in Victorian morality and the growth of a single profession were also at work besides these obvious external curricular and institutional changes.

Waddington’s next major theme has two strands: the growth of laboratory science and the rise of academic medicine, the latter development being intimately related to the establishment of the University of London. The introduction of the experimental sciences into the Bart’s curriculum was no easy matter. Many of the clinical teachers, notably Samuel Gee, approved of science in its place but considered

medicine an empirical art. Similarly, tensions existed between those who attempted to promote the University and its examinations and those who defended the autonomy of the school and favoured the conjoint examination of the Royal Colleges. Bart’s did embrace laboratory science and university ideals, notably between the wars, being among the first institutions to establish medical and surgical professorial units in 1919. Two years later hospital and College were legally separated. Most interesting in this connection is that Waddington puts flesh on the bone of what up till now had been mostly anecdote and gossip. As a medical school Bart’s always had a conservative reputation, yet in other ways it showed itself amongst the most innovative. The creation of the units brought out this contrast. The individualist older clinical teachers clearly held the professorial, unit system in some contempt.

A good third of the last part of this book is devoted to the Second World War and after. Waddington chronicles changes in this period with the same meticulousness that characterizes his account of earlier times. He shows too how tensions between conservatives and reformers persisted. This is an important study that adds more detail to the once impressionistic picture of London medical education.

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Edward Davies, *The North Wales quarry hospitals and the health and welfare of the quarrymen*, Gwynedd Archives Service, Gwynedd Council, 2003, pp. vii, 311, illus. (hardback 0-901337-83-8).

This important study represents the fruits of long, exemplary research by a practitioner of that honourable tradition of the doctor-scholar. Dr Eddie Davies has remained true to his roots as a native of the north-west Wales slate district of Blaenau Ffestiniog, spending thirty-eight years of his career serving the population of Cerrigydrudion, an upland village which

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bestrides Telford's Chester to Holyhead coaching road. Over those years he has played significant roles as long-serving editor of the Welsh-language medical journal *Cennad*, and in promoting the activities of the History of Medicine Society for Wales. In his retirement he has laboured to produce a *tour de force* of synthesis, simultaneously a history of medical institutions, a region, an industry, and a culture. As such, the title of the book might be thought to do the author's achievement a disservice.

Around six of the fifteen chapters are devoted almost entirely to the quarry hospitals. These are amongst the earliest examples of an occupational health service anywhere in Britain. The Penrhyn Quarry Hospital was opened in 1825, the Oakeley in 1848, the Dinorwig in 1860 and the Llechwedd in 1888. These small institutions dealt with a large number of amputations, head and eye injuries. The quarry doctors, many of whom were expert surgeons and experienced general practitioners, were quick to adopt new techniques, such as the use of ether, antiseptic spray and X-ray equipment. The hospitals, which were funded by both employers and workmen, evolved to provide some services for the local community, but their origins were in direct response to the hazards faced by the quarrymen.

The photograph on the dust cover of an injured quarryman being carried in a box stretcher from the Cwmorthin quarry in Blaenau Ffestiniog, conveys the scene. Employed in dangerous work carried out in the adverse climatic conditions of a mountainous environment, slate workers' risks were compounded by their generally poor physique and conditions of material existence. Work accidents were frequent and related to many features of the extractive, processing and transportation aspects of the industry. In describing these practices the author displays an awesome command of the minutiae of quarrying techniques and working practices.

The book provides invaluable insights into the struggles of the slate industry's medical practitioners to establish their professional hegemony by challenging the attempts to have them work alongside "bone-setters". Davies conveys the complexities of the relationship between doctoring and "quackery" through

his account of the bone-setting traditions of families like the Isaacs of Cwm Pennant who eventually produced "conventional" practitioners of some distinction.

Well illustrated with photographs, the book also includes appendices with quarry injury/mortality statistics and constitutions/rules of workers' welfare societies. These serve to underline the earlier point that this is truly a "total" history by an organic intellectual immersed in the life and culture of his "bro" (locality) and its neighbouring communities. Even should he not achieve elevation within the orders of the Gorsedd of Bards, he most certainly deserves to become honorary MO to the Annales School!

Since the author draws on numerous Welsh sources, the book will prove invaluable to researchers unacquainted with the language. However, one word of advice for readers not intimately familiar with these mountainous districts of north Wales. Given the centrality of kinship and place in the construction of Welsh identities and in particular the histories of medical dynasties and associated quarrying communities, the average reader would find their access to this rich source of information facilitated by prior acquisition of the relevant ordinance survey maps.

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Jonathan Oberlander, *The political life of Medicare*, University of Chicago Press, 2003, pp. xi, 262, £13.00, US\$18.00 (paperback 0-226-61596-0).

In 1965 the United States enacted a national health insurance programme for persons of sixty-five years and over called Medicare. In 1972, Congress extended eligibility for Medicare to individuals of any age with proven disabilities and (after a dramatic public demonstration of kidney dialysis) to those with end-stage renal disease. This only-in-America complex of beneficiaries represented continuing political efforts to sustain the viability of private health insurance for the healthiest, least costly

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sectors of the population; that is, those able to work and their children.

Medicare was also designed to support privately owned and operated health services, by reimbursing the costs of services given in voluntary or for-profit hospitals and by private practitioners. The structure of the programme followed the structure of private health insurance benefits in the 1960s: divided into separate programmes for hospital and medical benefits, and with major gaps and exclusions that have haunted the programme to the present. Medicare was built on social security principles of universal benefits as a right, without a means test, for eligible beneficiaries. The hospital part of the programme was designed to be financially self-sufficient, funded by designated payroll taxes on the working population. Beneficiaries have to contribute a standard monthly fee, supplemented by general tax revenues, for other parts of the programme. Services are also subject to specified contributions at time of use, in the form of deductibles and co-insurance. Medicare is geared toward acute services. At the time of writing it still excludes out-of-hospital prescription drugs (currently a hot political issue), dental care, most long-term care, and related medical and social services. The programme is, in short, a complicated patchwork. Highly popular but increasingly expensive, transferring money from workers to the elderly, providing the same benefits to rich and poor, Medicare has become a polarized political battlefield.

The political scientist Jonathan Oberlander traces the political history of the programme from its implementation in 1966 to 1994, the year when President Clinton's efforts to reform the entire health care system crashed and, significantly, an ideologically market-oriented, anti-governmental Republican party was elected, gaining control of Congress in 1995. The book includes an initial chapter on Medicare's roots as background; three chapters on the politics of benefits, financing and regulation, respectively; a chapter relating these politics to social science theories; and a concluding chapter bringing the story up to 2002. Oberlander presents the factious Congressional debates that

led to Medicare's complicated structure in the 1960s. Nevertheless, in the next thirty years Medicare support was, he argues, solidly bipartisan, governed by the politics of consensus and with "no debate over ideology or programmatic first principles" (p. 5). The one attempt at major reform, the Medicare Catastrophic Coverage Act of 1988, extended benefits (including prescription drug coverage but not long-term care) but was repealed after strident opposition from the elderly because of its financial provisions.

There were, of course, internal changes in Medicare, nicely shown in this book. Concern about rising costs of health care marked the programme. Medicare has been subject to increasing programme regulation: through peer review, prospective payment via diagnosis-related groups, and physician fee schedules; and attempts have been made to encourage managed competition through persuading beneficiaries to join privately-run managed care insurance networks (not, as yet, very successfully). However, not until the late 1990s did fundamental ideas come seriously into question, with a shift in view from Medicare as single-payer insurance to Medicare as vehicle for health care competition.

Historians will find this book useful in illuminating a neglected period in Medicare's history; in supplementing more general histories of health care financing in the United States; and in terms of theory. A major conclusion is that the familiar political stereotype that the role of state is weak in the United States is not borne out in the Medicare experience.

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Allen B Weisse, *Heart to heart: the twentieth-century battle against cardiac disease. An oral history*, New Brunswick and London, Rutgers University Press, 2002, pp. xvii, 415, illus., US\$35.00 (hardback 0-8135-3157-8).

From the beginning to the end of the twentieth century the practice of neurosurgery is recognizably similar but the perception of the

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heart changes from that of an organ the surgeon did not dare to touch for fear of upsetting its critical function, to a robust pump that can be worked upon, repaired and, if needs be, taken out and changed for another. The definition of death changes in step. The heart beat is no longer evidence of life. Death is determined by the much more difficult test of brain death. Over a period of more than twenty years from 1979 to 2000, Allen Weisse conducted the sixteen interviews presented here as edited transcripts in what he calls “an oral history” of “the twentieth century battle against heart disease”. These are some of the people who were prominent in these changes in the medical history of the heart in the second half of the twentieth century.

The practice of interviewing eyewitness participants in the events of the past for the purpose of historical reconstruction has its own expertise and methodology and in its developed form requires training and critical appraisal. The interviewing of celebrities (which is what we have here) and inviting them to reminisce, is something rather different. It too can be done well. I have heard tapes of the amateur medical historian Arthur Hollman (biographer of Sir Thomas Lewis) who with quiet, non-intrusive, open ended questions prompts his subject. What I see in this book is not that. Look, for example, at Weisse’s interview with the taciturn John Kirklin. There are pages with more of the interviewer than of Kirklin who replies to Weisse’s long expositions with one-liners, as dismissive as they are laconic. To a question on regrets, Kirklin says, “I wish I had made a lot more money”, which for those who worked with John Kirklin (as I did) in his heyday is likely to be seen as deliberately misleading. In response to the interviewer’s closing thanks, Kirklin replies, “I haven’t told you anything”. Kirklin used the word “naïveté” to characterize an earnest but ingenuous enquirer into our scientific and surgical work in 1981. I wonder what he said in 1999 as the door closed on this interviewer.

When it comes to facts, eyewitness accounts are notoriously unreliable. They are not recordings that are made at the time and then taken out for subsequent inspection. With a film

or audiotape any corruption or accidental change is evident, but memories are like computer files which are re-opened repeatedly, worked on in discussion and reflection, and saved again to the hard drive. After many iterations and editions, over a lifetime of years, these oft recounted memories appear as true as when first saved, but they are not. When we published our research on the operations for mitral stenosis performed in 1948, eyewitnesses came forward to volunteer their own accounts of events and to contradict ours. Some described operations performed more than ten years later, on another part of the heart, in a totally different historical context. One “eyewitness” (whose dates in fact precluded his presence at the event in question) rather bizarrely believed that the operation had first been performed at dead of night to hide from the hospital authorities. Charles Bailey was one of the surgeons operating in 1948. He recounts his story in this book as he has to me and countless others. The facts and dates are accurate but from a reading of contemporary literature and primary sources one can deduce that his vision and foresight became more clear and more certain with hindsight. Others, conversely, may have more doubts now than then about the part they played.

These witnesses born between 1895 and 1929 were on average seventy-nine years of age when they told their stories to Weisse. They mainly lived and worked in the USA. They were indeed key players in the events that changed the medicine of heart disease in the twentieth century. Their witness is interesting but I think it adds more autobiography than history. This book may find its place as a useful secondary source to add some autobiographical colour to research in this era.

Tom Treasure,
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Dylan Evans, *Placebo: the belief effect*,
London, HarperCollins, 2003, pp. xvi, 224,
£16.99 (hardback (0-00-712612-3)).

For a long time *the* book about placebo effect was *Placebo: theory, research and mechanisms*,

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edited by L White, B Tursky, and G E Schwartz (1985). It remains interesting because of the many thoughtful and detailed chapters about definition, mode of action and ethics. In 1997 three books on the subject appeared (see reviews in *Medical History*, 1999, 43: 124–5 and 269–70) that showed how complex the field is. I think many people who have followed the discussions about placebo and placebo effect now expected a pause for thought: what are we talking about when we say placebo effect? Is there a definition of placebo effect we can agree upon? Should we simply leave the concept of a placebo effect? Is it too complex and too much of a “garbage can”? In the last two years an astonishing number of popular and scientific books about placebo effect have been published or republished by authors such as Howard and Daralyn Brody, Harry A Guess, *et al.*, Lolette Kuby, Daniel Moermann, David Peters (ed.), and Howard Spiro.

One of the newest books that is based on new knowledge in the field, and also aimed at a broader public, is Dylan Evans’ *Placebo: the belief effect*. The author has a “middle of the road” standpoint between the more extreme views that placebo effects do not have any clinical importance and that placebo effects have a big influence on many symptoms that can be seen in daily medical practise. According to Evans, placebos work on a limited range of conditions like pain, inflammation and depression but not on infections, chronic degenerative diseases or cancer. He claims that placebo-responsive conditions all involve acute phase responses. These are responses in the body that involve pain, swelling, fever, lethargy, apathy, etc., often less technically called “inflammation”. Evans argues that these reactions of the body and its innate immune system are not pathological but part of the healing process. The mechanism that turns off the acute phase response sometimes malfunctions and persists too long. So the placebo effect, or belief effect as Evans prefers to call it, should work by suppressing overdue activities in the body. The patients’ beliefs play an important role in activating the placebo effect, and they can be influenced by information

from other people, experience or logical thinking.

An overall explanation of all placebo effects has been shown to be problematic, and Evans admits that this hypothesis cannot explain everything and is merely speculative. But in arguing for his hypothesis he brings the reader on a well guided tour through much literature on immunology, psychology, psychotherapy, alternative medicine, ethics, etc. He also raises the question of whether placebo effects are always good since they suppress activities that normally are supposed to be healthy for us. Something that makes us feel good is sometimes bad for us and vice versa.

The book is very well written, it touches a lot of relevant corners of the debate and tries to put up a new hypothesis about placebo effects. What more can one expect? The historically interested might look for better introductions to placebo/placebo effect elsewhere. Evans writes that from the Second World War everything changed; from being a pious fraud, now placebo was supposed to heal people. Did everything really change here? I doubt it. In the nineteenth century also some physicians believed placebos could relieve symptoms, and after the Second World War many physicians were sceptical of the effect and the practice of giving placebos. There is much more to the developments of the last 200 years than a simple before and after the war.

Also from an historical point of view it is interesting that there is still no agreement upon how important the placebo effect is and how to define it. There seem to be at least two different perspectives. One is that placebo effects have to do with placebos and can be investigated through research into the effect these have on groups of patients compared with treatment- or no-treatment-groups. This perspective has a fifty-year long tradition. The other is that placebo effects come from the mind’s influence upon the body. This perspective has a 2000-year long tradition. These two traditions have different points of view and a mapping of this controversy could be interesting. Evans does not do this, but that would perhaps be too much to expect from one book.

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It is a good book, but the competition in the field is fierce. Those interested in the subject who would like to read some of the newest books in the field should also consider Daniel Moerman, *Meaning, medicine and the 'placebo effect'* (2002) and Harry A Guess, *et al.*, *The science of the placebo* (2002).

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Michael J Lepore, *Life of the clinician*,
University of Rochester Press, 2002, pp. xiii, 459,
£40.00, US\$45.00 (hardback 1-58046-116-6).

This is a case of life after death and death after life. Michael Lepore was a distinguished American internist who first appeared on the historical scene with *Death of the clinician: requiem or reveille?* (1982) Rather less than an historical study, it was more of a sustained tirade, supported by examples from the past, against the full-time clinical professorial system that slowly and with much strife entered American medicine after the famous Flexner report of 1910. Lepore was unashamedly very right wing in that book and a staunch defender of what he considered traditional American values clustered round the idea of freedom. In this current work he has given us what he saw as an objective history of his life. His death in 2000 precluded him seeing his own past in print.

If not quite a rags to riches story, Michael Lepore's life was not that far from it. Born in 1910, he was the son of first generation Italian immigrants to New York City. His father ran an ice business. This was not an office job; from dawn till dusk he carted blocks of frozen water around the Big Apple. In fact the first few chapters of this book, which are not about medicine at all, are engrossing reading about life in early twentieth-century Harlem. Lepore showed himself to be a gifted child who chose a career in medicine. He was a graduate of the relatively new Rochester School of Medicine and completed his internship at Duke University Hospital. After that the bright young man was

rewarded with a fellowship at Yale studying physiology. He returned to Duke but Italian matriarchal forces were so powerful an influence that he went back home to private practice in the Bronx. Too ambitious for such a sheltered life, at the end of the thirties Lepore was also practising at the Columbia-Presbyterian Medical Centre and was increasingly, but not solely, concentrating on gastroenterology. The Second World War disrupted this upward mobility although in the end it facilitated it. Lepore served most of the war at the Valley Forge General Hospital in Pennsylvania. The last year of the war, however, and a little after, were spent on Pacific islands. After this, a successful return to New York followed with appointments at various hospitals and a Park Avenue practice. Lepore became a star (he ran a successful, educational, medical television show). He numbered President Hoover among his patients.

There are several points the potential reader might want to know about this book. First, it is an insiders' guide to making a career in twentieth-century American medicine. As such it is a valuable historical document. Second, Lepore's hero is William Osler. Lepore portrays himself as a true disciple, which for him meant that the bedside and clinical individualism came before anything else. Like his first book then, this volume is a sustained political polemic: against the Democrats, government involvement in medicine, the full-time system, etc. Third, for a book that tirelessly preaches the virtues of service and humility in the doctor it seems extraordinarily full of hubris. Pursuing his Oslerian theme, Lepore fills a great deal of this volume with case histories, all of which testify to his skills in bedside diagnosis. There are no mistakes in this book, no apologies, no confessions in any sphere—clinical, administrative, domestic—that I, Michael J Lepore, got it wrong, ever. Finally the author has not been well served by the press of his alma mater. Some ruthless sub-editing with a scalpel would have got rid of the tiresome repetitions. There is no index.

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Thomas W Laqueur, *Solitary sex: a cultural history of masturbation*, New York, Zone Books, 2003, pp. 501, illus., £22.50 (hardback 1-890951-32-3).

Is there anything new to be said about the history of masturbation? A fifty-year tradition of articles as well as at least one preceding monograph have explored the perennially intriguing cultural construct of masturbation within the western medical tradition as a medically, as well as morally, deleterious practice, enduring from the first decades of the eighteenth century until the early twentieth century. Although a number of questions remained outstanding, these have not all been addressed in *Solitary sex*.

Laqueur displays a curious (in more than one sense) interest in female masturbation. In gazing at the masturbating female, he seems to have overlooked the extent to which the discourses about the evils of onanism were to a significant degree about anxieties to do with the male body and masculinity. Undoubtedly there were recurrent, if highly localized, panics about self-abuse among women, but a case could be made that for long periods the masturbating woman was largely perceived as an innately pathological figure with some physical or mental defect, rather than anywoman.

Whereas for men, masturbation was seen as something which could, unless precautions were taken, overcome *any* male, with dire consequences. All men were menaced by this spectre, as can be seen from the vast torrent of literature, from sermons to commercial quack handbills, directed towards the habit. Laqueur does not engage with, or even acknowledge, several articles which have taken this approach, although he has, on internal evidence, encountered them. He even tries to account for the differential between the vast number of anguished queries received by Marie Stopes (*not*, as Laqueur implies, a medical doctor, but a PhD in botany, one of a number of in themselves minor, but cumulatively irritating, errors) from men about the harm potentially done by masturbation, and the extremely few, largely much less agonized, queries from women, by

arguing that women *were* worried about it, but would not have written to Stopes. Given the lack of other resources of advice for the sexually perturbed at the time, it is hard to believe that if women had been as concerned as men were about autoerotic practice, they would have failed to consult her in large numbers. His argument for this line of reasoning, that “in the clinical casework of Freud and his colleagues, women seemed to suffer the most from solitary sex” (pp. 374–5), is not entirely convincing. One is tempted to murmur, given the pervasive male fears on the topic among that very generation, “projection . . .”. And indeed, does not Laqueur’s claim that female masturbation has been, historically, characterized as “liberating, ecstatic, dreamy and lyrical”, in contrast to the male act, perceived as “abject, humiliating, and decidedly second-rate” (p. 406), speak of a cultural disgust at the sexual male body, from which this practice liberates the fortunate woman?

While some accounts of masturbation have made far too much of the Victorians, or perhaps one should say “the Victorian” as popularly imagined, is it really possible to make a segue from the late eighteenth century to the very late nineteenth or early twentieth century with only passing allusions to the interim period (refreshing though the absence of William Acton may be)? This tends to lead to an assumption that, once it was in place, the masturbation discourse was fixed and unchanging until it was eventually superseded or eroded (there is also little attention paid to the significant variations between different national cultures). This is related to what appears to be the ambition to create a grand narrative of the rise and decline of masturbatory panic. Might it not rather be possible that there is not one story, but several, overlapping and intertwining, stories? Perhaps the reason for the initial success and enduring significance of the fears begun by *Onania* was that they could occupy many niches, that they enabled a variety of narratives.

Solitary sex, in spite of its length, and although some areas are dealt with in minute detail, fails to provide an exhaustive or definitive account of the rise and decline of

masturbation mania. It will doubtless be of interest to the general reader unacquainted with the existing historiography, but for specialists in the history of gender, sexuality, and medicine, it will come as something of a disappointment.

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and Understanding of Medicine

Anne L McClanan and Karen Rosoff Encarnación (eds), *The material culture of sex, procreation, and marriage in premodern Europe*, New York and Basingstoke, Palgrave, 2002, pp. xiv, 285, £42.50 (hardback 0-312-24001-5).

Most of the twelve essays in this interdisciplinary anthology were originally presented as papers at the Berkshire Conference on the History of Women in 1999 or at the International Medieval Congress in Leeds in 2000. They all point to the significance of material culture in studying the histories of medieval and early modern sex, procreation, and marriage. Although sex and gender in pre-modern times have received increasing attention in recent years, their historical analysis, the editors claim, has tended to privilege texts over material objects.

The editors successfully avoid discussing the multiple meanings of and the many methodological uncertainties surrounding “material culture” by presenting their collection as a reflection of some of the existing approaches to this topic in the humanities. They need to, for the contributions cover many different disciplines, among them history, art history, classics and archaeology, women’s history, medical history, and literature. The chapter topics are as wide-ranging materially as the geographical area covered—northern and southern Europe and the eastern Mediterranean. Early Byzantine magical marriage jewellery (Alicia Walker) rubs shoulders with abortion tools (Anne L McClanan), images of women on Roman sarcophagi in the ancient world (Janet Huskinson), Spanish paintings representing Maria’s breasts (Charlene

Villaseñor Black), anatomical fugitive sheets from Germany (Karen Rosoff Encarnación), the fertile heart of a Italian saint (Katharine Park), and the magical clothes of Swiss sodomites in the late Middle Ages and the early modern period (Helmut Puff).

My preference is for the essays that emphasize the transient status of material objects and their diverse meanings over those that focus more on material aspects, or the physical quality, production, and use of things. The papers by Park and Puff are best. It is only partly my interest in medical history which prompts this view: they illustrate admirably the way in which the messages of material objects continuously shift. More interestingly, both authors claim that in the Middle Ages and the early modern period the boundaries between material objects and persons were drawn differently from today.

Park explores the meaning of religious relics in early fourteenth-century Italy. Clare of Montefalco’s strange “autopsy”, undertaken rather unprofessionally by her fellow nuns after her death in 1308, generated actual objects: a crucifix in her heart and Trinitarian stones in her gall bladder. The debates over Clare’s holiness as part of the canonization process (the first ever systematically attempted in order to authenticate the visions and revelations of a holy person), revolved around the possible status of these objects. Park shows convincingly that the notion of human bodies generating relics cannot be simply dismissed as a product of the visions or entranced minds of Clare’s fellow nuns, but rather, resonates and was couched within contemporary medical, theological and juridical practices. The flesh objects were explained, debated, and considered “real” or “fakes” within this context, depending on the onlooker. By examining this specific historical example from various perspectives, Park shows that medieval relics belong to a group of “things” that lay at the boundary between those physical bodies identified as persons and those identified as objects. Thus, for Clare’s fellow nuns, the crucified Christ found in her heart was more person than thing, while for some of the opponents of Clare’s canonization it was a mere artefact.

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Although Puff deals with a later period, the time of the Reformation in southern Germany and Switzerland, and a different topic, the material culture of illicit sexual practices, some of the ideas in his rich essay are complementary to Park's argument. Like relics in the Middle Ages, clothes in the early modern period, Puff argues, occupied an in-between position. They belonged as much to the self of a person as to the outer world. Where today we tend to regard clothing as an exchangeable and merely external statement, our ancestors ascribed a more static character to the textile skin. This becomes evident in many early modern German sayings, such as "Clothes make the man" ("*Kleider machen Leute*"), as well as in "wanted" circulars or passports, which often specify clothing rather than corporal features as markers of identity. Puff follows Michel Foucault, and more recently Stephen Greenblatt, in claiming that before the seventeenth century allegorical techniques created connections between the world of matter and the world of ideas. Puff shows in his investigations of sodomites' clothes, in particular, that sexual acts could be easily attached to material goods; such as, for example, in the exchange of trousers between two men.

This collection of essays is helpful to those who would appreciate an overview on how different academic fields investigate the "material culture" of sex, marriage and procreation. The necessity of such a project for further historical studies cannot be emphasized enough. However, for those hoping for guidance through the methodological jungle that has been growing over the last few years around the topic of "material culture" disappointment awaits. Original ideas on how to combine written sources and objects, or suggestions on how to reconcile things and language are not apparent. But, other than the essays by Park and Puff, the contributors stay very much within their disciplinary boundaries. Material objects, it seems, travel rather better across time than between contemporary disciplinary divisions.

Claudia Stein,
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Julius Rocca, *Galen on the brain: anatomical knowledge and physiological speculation in the second century AD*, Studies in Ancient Medicine, vol. 26, Leiden and Boston, Brill, 2003, pp. xxiii, 313, illus., €85.00, US\$99.00 (hardback 90-04-12512-4).

Galen's anatomical investigations have never entirely recovered from the assault made on them by Andreas Vesalius in 1543, who argued that Galen's human anatomy was based on false inferences from animals. Vesalius may have been largely right in this conclusion, but he also carefully played down the range and quality of Galen's dissections (and occasionally vivisections) of animals. Not even the rediscovery in 1906 of the Arabic version of the (lost) second half of his manual of dissection, *Anatomical procedures*, altered general perceptions of Galen's folly and incompetence. Julius Rocca's arguments, in line also with the recent work of the Italian neurologist, Tullio Manzoni, should put an end to that old canard. Galen, it is now clear, was a diligent, skilful, and exceptionally sophisticated anatomist, whose understanding of the brain was based on a remarkably detailed acquaintance with the facts revealed by dissection.

The foundations of Rocca's confidence in Galen rest on a long familiarity with his anatomical writings and, most important of all, on his own experience as a professional anatomist. Thanks to colleagues in Cambridge and Sweden, he has been able to repeat Galen's dissections under conditions similar to those of Antiquity. Although Galen often used monkeys, sheep, pigs and goats in his dissections, in his investigations of the brain he worked largely on ox brains, which provided him with the best evidence visible to the naked eye. Rocca has been able to follow in detail all the steps described by Galen in *Anatomical procedures*, and to confirm the accuracy of many of Galen's observations, warnings, and caveats. He shows in an appendix how Galen came to posit a *rete mirabile* in humans from a combination of bovine anatomy and a belief in Plato's tripartition of the body, in which blood required to be created (or transformed) in a particular organ

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before it could become a fluid appropriate for each of the three systems, venous, arterial and nervous.

Rocca's findings reveal Galen's sophistication as an experimental dissector, aware of the advantages and disadvantages of a wide range of different procedures and techniques. What was suitable when investigating the heart, for instance, was not necessarily so for the brain. As some very recent discoveries in Arabic have shown, this appreciation of the value of dissection was not entirely Galen's own achievement, but one that he may well have derived from his teachers or, indeed, his opponents. His *bête noire*, Lycus of Macedon, only a few years before Galen arrived in Rome in AD 162, had published a substantial manual of dissection that included sections on vivisection as well as on dissection. Whether Galen was right to trace this revival of anatomy back to Marinus in Alexandria around AD 100, cannot be confirmed in the present state of our evidence, but it seems at least plausible.

It would be easy to be carried away by the evidence Rocca has assembled and view Galen as a very modern anatomist and experimenter. But Rocca has also seized on one crucial point of difference. Galen was less interested in anatomy for its own sake than for what it could reveal about the soul and about where this controlling power was located in the body. It was a debate that went back to Aristotle, if not to Plato before him, and helps to explain some of the peculiarities of ancient anatomical discourse. Whatever philosophical view of the soul one took led to a particular interpretation of its seat and role in the body. The search for the origin of the nerves was a philosophical, some might even say theological, enquiry as much as an anatomical one, and accounts for Galen's triumphant hymn to the Creator in the last book of *On the usefulness of parts*.

When there is so much here that is new and that successfully bridges the gap between Galen's anatomy and his philosophy, it would be unkind to ask for more. But two areas are worth further investigation. The newly "rediscovered" treatise by Galen, *Movements hard to explain*,

shows a different side to him as an anatomist, one who wishes to examine further the points at which theory seems to collide with the facts revealed by dissection. His comments in this short treatise on the role of nerves could profitably be developed along the lines Rocca has laid down. Secondly, there is still much to learn about the ways in which Galen's anatomy was used in Late Antiquity or the Latin Middle Ages. For example, Bishop Nemesius of Emesa's passing comments on the location of brain function could well go back to a lost treatise by Galen, who was the source for some of that cleric's most interesting speculations. Similarly, a new look at the pseudo-Galenic treatise *On the voice*, edited in 1962 by Hans Baumgarten, might reveal further information about Galen's methods and results.

But that is for the future. Rocca in this book has re-established Galen's credentials as an outstanding anatomist, and it is not only Galenists who will derive pleasure from this combination of learning and practical skill.

Vivian Nutton,

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Galen, *On the properties of foodstuffs* (*De alimentorum facultatibus*), introduction, translation and commentary by Owen Powell, foreword by John Wilkins, Cambridge University Press, 2003, pp. xxvi, 206, £40.00, US\$55.00 (hardback 0-521-81242-9).

This is an elegantly produced book. John Wilkins introduces its subject by explaining how Galen arranged his work. By and large, the foods discussed are placed in discrete categories, that is cereals, meat, fish, pulses or the like. However, Wilkins suggests that some items do not fit neatly into these divisions, for example the snail. Yet the way in which Galen introduces this creature sounds humorous rather than perplexed. Aristotle (*HA* 523b11) had bracketed snails among those animals with a fleshy interior and an exterior shell. That Galen

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advises against including the snail among winged creatures suggests more than it being just an anomaly. The subsequent list of deliberately unpleasant creatures—at least to a citizen of the Roman Empire—only reinforces the point that Galen was writing both a practical manual and a work that could hold its reader through a varied style. Such variety is illustrated by scatological anecdotes (pp. 88–9) and commentaries on classical texts (p. 64). It is surely this literary ability that is the key to how Galen was able to “out-gun” his critics rather than any solution he provided to the “problem of classification” (p. xxi).

Any translator of Galen is in a dilemma as to who will read about ancient medical theorizing. The general reader might shy away from too much unfamiliar detail, whilst the classicist will demand precision. And here lies the rub: a treatise based around an outmoded science will necessarily resist attempts at a flowing translation. It is therefore perhaps not surprising that the first English translation of Galen did not appear until 1916 and then with a caveat about the attempt. Owen Powell discusses all this in his introduction, but, although he states that occasional transliteration is necessary, considerable awkwardness is apparent in such versions as “pottery-skinned animals” (p. 32), “*stomachos*” (p. 35) and “Strouthian apples” (p. 89) which, with a little adjustment, could have been avoided. Otherwise the translation, which follows the Greek text prepared by Georg Helmreich for the *Corpus Medicorum Graecorum*, is accurate.

As a physician himself, Powell approaches the text from a practical medical angle. This lends itself to some interesting nosography, for example on elephantiasis (p. 171) and jaundice (p. 178). On the other hand, the culinary side of the work can be brushed aside. Hemp seeds (p. 3) are still very much employed as a food, particularly in sweetmeats as Galen says, whilst poppy seeds (p. 3) are more than just embellishments, not only in Roman cooking with *laterculi* (Plaut. *Poen.* 325–6) but also in modern Austrian cooking with *Mohnstrudel*. The medical angle also results in glosses that are extraneous or too lengthy: for instance there is no

need to explain (p. 176) that Great Alexandria is the city in Egypt. Powell can jar with his comparisons, and the discussion about the language consciousness of the Greek élite at the time of Galen is a case in point: when Galen examines words for their precise meanings, he is not engaged in an equivalent of the recent debate between *katharevousa* and demotic; instead he is searching for linguistic precision to help in the reading earlier texts and for debating with intellectual rivals. A reference to Robert Edlow’s excellent *Galen on language and ambiguity* (Leiden, 1977) would have been useful here.

From a relative dearth a few years ago, the growing number of English versions of Galen can only be welcomed. If some translations such as this book treat works already covered, this at least allows for a comparison of translation techniques and affords suggestions as to how to tackle other such texts in the future. And even if his scientific methodology may sometimes elicit a smile, the sociological and cultural ideas that Galen conveys have enormous value for any study of the Roman world at the apogee of its power.

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Andreas Vesalius, *On the fabric of the human body. Book III: The veins and arteries. Book IV: The nerves*, a translation of *De humani corporis fabrica libri septem* by William Frank Richardson, in collaboration with John Burd Carman, Novato, CA, Norman Publishing, 2002, pp. xxxiv, 286, illus., US\$250.00 (hardback 0-930405-83-8).

This great scholarly enterprise has now passed half-way, with this translation of Books 3 and 4 of Vesalius’ *Fabrica*. The quality of translation, layout and printing remains as high as ever, although, perhaps inevitably, the annotation appears less full than before. Some of Vesalius’ opponents can be identified through his rhetoric, and a few more of his borrowings

should have been labelled more clearly. But these are minor quibbles compared with the quality of what is here presented.

Following on the bones and the muscles, the theme of this volume is the anatomy of the veins, arteries and nerves. Galen had prided himself on his work on the nervous system, as Vesalius somewhat reluctantly acknowledges. He had made some spectacular discoveries, and had conducted a whole range of experiments to see the effects of ligating or cutting the spinal cord at various levels. He had looked carefully at the brains of oxen, taking up again a programme of research first instituted centuries before by the Alexandrian anatomist Erasistratus. But neither Galen nor Vesalius, working without the benefit of modern technology, was wholly accurate or wholly consistent in what he described, and was also bound to miss much.

Indeed, it is remarkable how much both managed to get right, even if this was less than in their anatomy of bones and muscles. And, of course, both still viewed the veins, arteries and nerves as three almost separate systems, with different functions. However modern Vesalius might appear in some of his exposition, it must not be forgotten that he did not believe in the circulation of the blood.

There are also signs of haste. Vesalius from now on takes over more and more from Galen, while at the same time attacking those, like Corti, who adhered to every detail of Galen's exposition. He himself cites many of Galen's works, not least *Anatomical procedures* and *On the opinions of Hippocrates and Plato*, but not, as far as I can tell, *On movements hard to explain*, a treatise in which Galen pondered some of the consequences of his anatomical explanations. The reason was probably that this medieval Latin translation was now regarded by the new humanists, of whom Vesalius was one, as belonging to the *Spuria*, and hence to be disregarded in any discussion. Vesalius' omission is unfortunate, for many of the changes Vesalius introduced into the 1555 edition of this book also relate to similar questions that Galen had himself raised in this little tract.

Vesalius' ambivalence towards his predecessor becomes more apparent as the book

progresses. His attitude towards Galen's errors becomes harder, yet at the same time he came to depend more and more on what Galen had achieved. A few contemporaries were to accuse Vesalius of impiety and arrogance, but there were also others, Gemusaeus and Matthioli among them, who acknowledged on first reading the *Fabrica* that Vesalius, like his master Sylvius, was a modern Galenist.

Congratulations are once more in order at the completion of one more stage in this great project.

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Elisabeth Hsu (ed.), *Innovation in Chinese medicine*, Needham Research Institute Series, No. 3, Cambridge University Press, 2001, pp. xv, 426. £55.00, US\$80.00 (hardback 0-521-80068-4)

Innovation in Chinese medicine is the most significant collection of works in English to date in the study of Chinese medical history. Deriving from a 1995 workshop in memory of Lu Gwei-djen (1904–91), who for years was Joseph Needham's principal collaborator on the renowned *Science and Civilisation in China* project, this book of essays by twelve scholars, including several major medical historians, offers readers the chance to explore a broad range of current research in fields related to Chinese medicine.

This book is divided into six parts, each comprising two articles on a related theme. The articles are arranged in chronological order and the themes include *mai* 脈 (channel; vessel; vessel-pulse) and *qi* 氣 in the Western Han, correlative cosmologies, dietetics and pharmacotherapy, the canons revisited in Late Imperial China, medical case histories, and medical rationale in the People's Republic.

One of the innovative notions in this book is to evaluate the ways that *mai* and *qi* were conceptualized as two of the central concepts in

ancient Chinese medical reasoning. Vivienne Lo's survey of recently-unearthed medical manuscripts from Mawangdui (Hunan) and Zhangjiashan (Hubei) reveals that later acumoxa-related theories were indebted to *qi* manipulation in the literature of sexual-cultivation, and also to acupoints represented in the metaphorical language of landscape in related literature. These ideas present distinctive views of the body in early China: one focuses on visual features; the other displays a body landscape mirroring natural topography. Lo's study broadens current views on the early development of acumoxa therapy in the new light of the culture of "nurturing life" (*yangsheng* 養生), i.e., "those techniques broadly aimed at physical cultivation and longevity which formed a part of élite culture during the Western Han period" (p. 21). Meanwhile, Elisabeth Hsu's exploration of "pulse diagnostics" is rather concentrated on an élite physician's twenty-five medical case histories in the second century BCE.

Whereas Hsu's study is supported by the early archetype of medical case histories, Christopher Cullen interestingly proposes that *yi'an* 醫案 as a "new" type of this genre with clearer origins and purposes, was in fact an innovation of the Ming (1368–1644). Not only the number of *yi'an* increased steadily since then. Its compilation also appeared unique—Cullen suggests that *yi'an* may better be comprehended as "case statements" rather than "case histories" because of the structural resemblance to legal case statements. Bridie Andrews indicates further that the genre of case records as clinical narratives was later standardized and modernized in the Republican period (twentieth century) when Chinese medicine encountered challenges from western biomedicine.

The form of medical case histories is certainly not the only aspect of Chinese medicine that has changed in the modern era. Both medical discourses and medical practices have been drastically transformed, partly owing to the newly built government's interventions after 1949. Readers will glean very different perspectives on modern Chinese medicine, the "medicine of revolution" in the 1950s and the

"medicine of plurality and synthesis" in the 1990s, from chapters contributed by Kim Taylor and Volker Scheid respectively.

Another innovation that deserves attention is the rise of new medical traditions in Late Imperial China. Marta Hanson demonstrates that the "invention" of the southern medical tradition, *wenbing* 溫病 (warm-factor disorders)—in opposition to the old northern *shanghan* 傷寒 (cold-damage disorders) tradition—was inspired by the reinterpretation of old canons together with regionalism. Likewise, Georges Métaillé attempts to prove that one innovative achievement of Li Shizhen's *Bencao gangmu* 本草綱目 (1596 edition) was his re-classification of the entire *materia medica* according to a new logic largely motivated by Confucian *gewu* 格物 (investigation of things) as "a method of observation of the natural world from a moral perspective" (p. 224). Such a naturalistic view of observing "things" stands in contrast to the magico-religious views of iatromancy surveyed by Donald Harper, and also to that of medical numerology discussed by Catherine Despeux.

In general, this book is a valuable collection of case studies of the pathology, aetiology, diagnostics, dietary therapy, drug therapy and medical policies at certain times and places during the long course of Chinese history. Because of the extensive range of topics discussed and the number of technical terms introduced, Elisabeth Hsu's lucid introductions to each chapter provide essential guidelines, especially for readers outside the field of Chinese medical history.

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Charlotte A Roberts, Mary E Lewis, and K Manchester (eds), *The past and present of leprosy: archaeological, historical, palaeopathological and clinical approaches. Proceedings of the International Congress on the Evolution and Palaeoepidemiology of the*

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Infectious Diseases 3 (ICEPID), University of Bradford 26–31 July 1999, BAR International Series 1054, Oxford, Archaeopress, 2002, pp. viii, 311, illus., £42.00 (paperback 1-84171-434-8).

No less than thirty-seven authors contribute to this publication on leprosy. It is a disease with an inheritance of social and cultural stigma, and even though effective therapy is now available, it still constitutes a health problem in certain parts of the world. Not surprisingly, then, several of the contributions are dedicated to commenting upon the current situation.

In addition to ‘Miscellanea’, the report is divided into four main sections: ‘Clinical leprosy’, ‘Skeletal diagnosis of leprosy’, ‘History and palaeopathology of leprosy worldwide’, and finally ‘Molecular diagnosis of leprosy in skeletal material’. The contributors come from several countries and disciplines, making the report also an interesting journey into a number of academic traditions and methods old and new.

The largest section is on history and palaeopathology worldwide, and a common theme is the spread and geographical distribution of leprosy through history. Several authors draw leprosy maps over certain geographical areas, be they Russia, Finland, Hungary, the Czech kingdom or the Pacific, while Michel F Lechat paints the really grand picture from the earliest times until the mid-nineteenth century. Other authors discuss the distribution of leprosy in time and place, relating it to methodological questions and major historical events that are considered turning points also in the history of leprosy, like the Crusades and Columbus’ voyages. The question of why leprosy disappeared in some areas, but not everywhere, is not very energetically attacked, but clues are given also for the period prior to effective medical treatment.

A number of methodological and technical problems are raised. What can written sources and iconography reveal about the spread and scope of one specific disease in time and space? What archaeological evidence is there—and

what precisely is the main evidence of leprosy in skeletons?

Gillian M M Crane-Kramer convincingly argues that osteological evidence does not support the idea of there being a diagnostic confusion between leprosy and syphilis in the Middle Ages, and consequently cannot support the contention that syphilis existed in Europe prior to Columbus. Della Collins Cook, on the other hand, argues that destruction of the nasal spine is not pathognomonic of leprosy “in the New World” (p. 84)—an argument with some merit, one is inclined to think, for the Old World as well. Piers D Mitchell strongly argues against the idea that crusaders brought leprosy to Europe; he insists that it was already there. The increase in the number of leprosaria at the time of the crusades coincides with a rise in the number of general hospitals, which points to a change in social attitude rather than an epidemic of leprosy.

In a publication of proceedings, it is to be expected that the different contributors sometimes give conflicting answers to questions raised—and the various positions certainly contribute to the interest. I would, however, have liked the editors to help the reader in spotting the current controversies. Establishing the *Stand der Forschung* in this specific field of medical history is certainly not easy for an outsider, and the reader has to work fairly hard to bind this collection together.

I had no idea dry bones could reveal that much and still keep so much in the dark—but the social and cultural meaning of leprosy is no less important than bones. There seems to be a common story of stigmatization and marginalization to be told in Asia, Europe and Africa, and in modern times also in the United States. Alicia K Wilbur’s comparison of the social exclusion in twentieth-century North America of people suffering from tuberculosis with that resulting from leprosy is thought-provoking. The voices to be heard in her paper give insight into what it meant, on an individual level, to lose home, family and friends, name and social status in a time otherwise characterized by democratization and individual choice.

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The proceedings also contain a touching story on de-institutionalization of patients suffering from leprosy. It may have been hard to enter the various institutions, but today, they are regarded as home and as such, difficult to leave (Anwei Skinsnes Law). This is a story of interest not only for those specializing in leprosy; it concerns all fields where institutionalization and de-institutionalization have been practised.

Specific individuals in the field are also dealt with. Pia Bennike portrays Professor Vilhelm Møller-Christensen under the title 'his work and legacy'. She has written an outspoken biography; it is short, a good read and informative as to both the person and the development of palaeopathology as an international field of study.

Finally, the impact of words in historical research, and particularly in medical history, is one of the points driven home in the volume: the people's first language is preferred, be it when dealing with the past or today. Those speaking against using "the offensive language of the past under the guise of 'historical accuracy'" (Anwei Skinsnes Law, p. 7) undoubtedly received a mixed reception among historians. The issue is delicate and difficult. Yet not only historical accuracy is at stake, but also the historians' ability to give as true a picture as possible from the past. The common experience worldwide, it seems—also from this volume—has been and still is stigmatization and marginalization, a lot of pain, humiliation and loss of dignity. To avoid the language of the past when telling this story may not be the best way to enable people of today to understand the impact words have had in the historical process and in shaping the social and cultural meaning of leprosy.

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Roland Andréani, Henri Michel, and Elie Pélaquier (eds), *Hellénisme et hippocratismes dans l'Europe méditerranéenne: autour de D. Coray*, Montpellier, Université

Paul-Valéry, 2000, pp. 304, €22.87
(paperback 2-84269-383-3).

This volume contains the proceedings of a conference organized at Montpellier on 20–21 March 1998 by the Centre d'Histoire Moderne et Contemporaine de l'Europe Méditerranéenne et de ses périphéries. The organizers' aim appears to have been above all historical, even though philologists and physicians were invited to put their points of view. The contributions thus collected about the Greek doctor, translator and editor, Diamantios Coray, fervent admirer of the French Revolution and ardent supporter of Greek independence, adopt a quite different point of view from that of a previous conference devoted to 'Médecins érudits de Coray à Sigerist', whose proceedings, edited by Danielle Gourevitch, were published in Paris in 1995.

It is therefore surprising that the only mention of this work is that of Jacques Jouanna in a note on p. 78. Likewise, nothing explains the editors' decision to divide the twenty or so papers into three sections: Diamantios Coray, from Smyrna to Paris; Hippocrates and Hippocratism from the middle of the eighteenth century to the beginning of the nineteenth; Hellenism and Hellenists in the time of Coray. The unity of the research thus undertaken around the person of Coray would certainly have gained in clarity if the editors had not presented us so precipitately with the raw result of their work without any preface, introduction or conclusion. The result is a sometimes ill-assorted collection in which are mixed different genres, the good with the less good, with at times a perceptible tendency towards the irrelevant: in one of the contributions (pp. 161–72) Coray's name is not even mentioned.

Nevertheless, there is much to be said and learnt about this Greek physician, born in Smyrna in 1748 to a family of merchants. He moved to Montpellier in 1782 to study medicine before going on to Paris in 1788 where he watched the French Revolution with exaltation. As R-P Debaisieux-Zemour rightly notes (p. 92), he there acquired the conviction "that progress and the development of education among the French people had given birth to the love of

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liberty”, a conviction which from that moment on remained the basis of all his actions. In this sense, philology, for which he abandoned medicine, would very soon become for him the best way of contributing to the intellectual enfranchisement of the Greeks. But on this fundamental work of editing and translating ancient Greek texts, which he would continue until his death in 1833, besides the intentionally general paper of Loukia Droulia on ‘Coray, écrivain polygraphe, éditeur acharné’, we find nothing apart from the more specialized paper of Jacques Jouanna on ‘Coray et la médecine grecque’. Under these conditions, it is inevitable that the philologist, less well served than historian colleagues, is left somewhat unsatisfied. In fact, none of the final repercussions of Montpellier Hippocratism or of the various manifestations of philhellenism in French society seems to have escaped the historians.

Nor can one pass over in silence the lack of an index (an index of names at least would have been useful) and a bibliography, or the fairly numerous mistakes, notably in the Greek, which is too often wrongly spelled and either badly accented or not accented at all (pp. 79, 80, 144, 146, and *passim*).

It is worth stressing, however, that this book has the important virtue of contributing to the collection of substantial material on the education, activities and publications of one of the greatest Greek scholars of the nineteenth century, who has until now been unjustly ignored. The philologist and the editor of Greek texts, more indirectly, will also have at their disposal an invaluable historical and cultural resource that brings to light the indefatigable activity of this remarkable man of great learning. The editors of these proceedings have thus contributed to bringing him out of the shadows.

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Doris Zaugg, *Musik und Pharmazie:
Apotheker und Arzneimittel in der Oper,*

publications of the Société Suisse d’Histoire de la Pharmacie, vol. 20, Lieberfeld, SGGP/SSHP, 2001, pp. 468, illus., SFr 45.00 (paperback 3-9520758-7-6).

“Every day, pounding, pounding: oh what a hard and miserable life!” So begins the opening aria, sung by the eponymous “hero’s” assistant, of Haydn’s opera, *Lo speziale* (*The apothecary*) of 1768, a setting of a libretto by Carlo Goldoni. As an operatic theme, apothecaries and their work have not reached quite the popularity of love and death. None the less, there have been far more appearances of apothecaries in opera than one might imagine, and far more *mises en scène* of medication, especially if we include administering love potions, poisons, and sleeping draughts. Doris Zaugg, herself a professional apothecary, has had the excellent idea of collecting as many operatic representations of apothecaries and *materia medica* as she can find. She has trawled reference works in German and French (but not the *New Grove dictionary of opera*, which might have been helpful even though it has no subject entries for topics such as medicine). The result is a corpus of some 125 operas relevant to her theme. These range in period from Monteverdi to Bernd Alois Zimmermann, by way of obvious luminaries such as Mozart, Verdi, and Wagner, and such less celebrated figures as M M Fournier (*L’homéopathie*, 1836), Giuseppe Maluscardi (*L’ammalata ed il consulto*, 1837), and Ignatz Umlauf (*Die Apotheke*, 1778). Presumably because of the Franco-German leaning of the sources consulted, the only British composer included is Benjamin Britten. Comparably “medical” operas by, for example, Peter Maxwell Davies (*The doctor of Myddfai*) are omitted.

The book falls into two roughly equal parts. The first considers apothecaries in libretti and proceeds chronologically. The author took the odd decision to make that chronological order reflect the periods in which the libretti are set or the dates when they were written. Thus, for example, all operas based on Molière or Goldoni appear under the seventeenth and

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eighteenth centuries respectively, whenever they were composed. Even Penderecki's *The devils of Loudun* (1969), derived from the Aldous Huxley novel, becomes a seventeenth-century work. Such an arrangement militates against the cultural history of apothecaries to which the author wants to contribute. So too does the entirely thematic deployment of material in the second half of the book. Abandoning chronology altogether, this half is organized according to the type of drug depicted. A passage on *Peter Grimes* is for instance followed by one on Haydn's *Il mondo della luna*, because both feature laudanum or opium.

Overall, more space is given to recapitulating libretti than to establishing period context.

The general history of operatic pharmacy that emerges is therefore unsurprising: in the seventeenth and eighteenth centuries the apothecary is principally a comic figure; the nineteenth-century industrializing of pharmaceuticals is scarcely reflected in opera, and so on. The achievement of the book is to provide raw materials for a neglected kind of pharmaceutical history, not that history itself. It should also, of course, stimulate the submission of some cunning questions to the Texaco Metropolitan Opera interval quiz.

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