

PHILIP R. REILLY, *The surgical solution: a history of involuntary sterilization in the United States*, Baltimore and London, Johns Hopkins University Press, 1991, pp. xvi, 190, \$19.95, £14.50 (0-8018-4096-1).

Fears of race degeneration underscored eugenicists' calls for compulsory sterilization laws at the turn of the century. While English eugenicists had little impact on policy-making, in the United States the eugenic movement played a crucial role in the establishment of laws aimed at restricting the breeding of the unfit. California had the most active sterilization programme: 80 per cent of all sterilizations carried out in the United States between 1918 and 1920 were performed in six Californian institutions, and the sterilization movement in Germany turned to California for inspiration when the Nazi sterilization campaign got under way in the early 1930s.

The story of the implementation of sterilization laws in the United States is now told by Philip Reilly, a physician and attorney who specializes in legal issues raised by advances in human genetics. Reilly shows how fears about the influx of immigrants into the United States at the turn of the century lay at the heart of American anxieties about the propagation of the socially and physically unfit. The development of vasectomy in 1897 immediately provided a remedy for the problem, and by 1913 twelve states had enacted laws authorizing physicians to sterilize institutionalized criminal and defective persons, mostly without their consent, as a condition of discharge into the community.

Physicians, scientists, and prominent businessmen were active in the campaign for legislation. Where laws were passed, state programmes were shaped by the specifics of the legislation, the attitudes of the physicians in charge of state institutions, and the degree to which programmes were funded. Eugenic sterilization had its heyday in the 1930s, when harsh economic realities prompted arguments in favour of sterilizing and paroling the less retarded as a means of reducing the cost of institutional care; despite the passing of the eugenic thesis, they continued to operate right up to the early 1960s, albeit on a much reduced scale. A discussion of the recent shift towards the "right" of retarded persons to be sterilized concludes this useful book, which goes a long way towards filling a conspicuous gap in the history of American eugenics.

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CORNELIUS O'BOYLE, *Medieval prognosis and astrology: a working edition of the Aggregationes de crisi et ceticis diebus: with introduction and English summary*, Cambridge Wellcome Texts and Documents 2, Cambridge, Wellcome Unit for the History of Medicine, 1991, pp. 92, UK £6.00, Europe £7.00, elsewhere £11.50 (incl. p&p), (0-9516693-1-1).

Critical days are the days on which the "crises" in an illness occur, when the patient either recovers or dies. These times were thought to be controlled chiefly by the movement of the moon and thus critical days is an area in which astrology and medicine meet each other. A good doctor was expected to be able to predict the course of an illness, and the incidence of the critical days. The earliest text on the topic is attributed to Galen, and the doctrine became particularly popular in the medieval Islamic and Christian world. Chapters on critical days can be found in the great medical encyclopedias by Rhazes, Haly Abbas, Avicenna, and (in Latin) Constantine the African and Pietro d'Abano, as well as in general works on astrological judgements such as the *Liber novem iudicum* (printed in Venice in 1509 and in Basel in 1571), and texts specifically on astrological medicine, such as the *Tractatus Davidis Iudei* in Barcelona, Biblioteca de Catalunya, 634, the *Introductio ad iudicia astrologiae quantum pertinet ad medicum*, attributed to Arnald of Villanova (*Opera*, 1504), and Nicolaus de Paganica, *Compendium medicinalis astrologiae* (ed. G. dell'Anna, Galatina, 1990). Thirty-six medieval Latin texts on critical days are listed in Lynn Thorndike and Pearl Kibre's *Catalogue of incipits of mediaeval scientific writings in Latin* (London, 1963). Given such a large body of material, it is surprising that there has been little discussion of the topic in recent times.

O'Boyle's aim, in keeping with that of the Cambridge Wellcome Unit's series as a whole, is to bring out a text quickly so that scholars have something to work on. Thus we should not expect the kind of wide-ranging treatment of the subject that might be found in a German Habilitationsschrift on medical texts on critical days (an example which comes to mind is Christoph Weisser's *Studien*