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contamination and perhaps towards women. Plague and leprosy also increased fears of contamination and contagion, and encouraged the association of bodily affliction with moral corruption, although the link between leprosy and “sexual depravity” was not as “inextricable” as the authors assert. But there were many other reasons for changing attitudes towards deviance, sin and the body, and for new public and private efforts to control them, in the later Middle Ages and the sixteenth century. Popular disorder might be influential, as the authors admit in the particular case of Florence, and urbanization and economic developments need more space than they are given here. Above all, much more needs to be said about Christianity as it evolved in its various forms across the period, determining perceptions of gender, corruption and much else besides.

To hold epidemic disease responsible for wholesale cultural transformation, as the authors largely do, is to fail to discriminate between multiple causes, some large, some small, in complex historical situations. No amount of cultural theory will make up for that lack of understanding of historical context.

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**Irvine Loudon,** *The tragedy of childbed fever*, Oxford University Press, 2000, pp. ix, 236, £40.00 (0-19-820499-X).

The compactness of Irvine Loudon’s latest book might tempt the casual observer to think the story of puerperal fever is short or simple or both. He shows it is not, stressing throughout the theme of multifaceted complexity. Authority is added to this work by the fact that Loudon has spent years researching and explaining maternal mortality more generally (in

numerous articles and, most especially, in *Death in childbirth*, 1992). He is also adept at translating scientific and statistical information, without condescension, for the medical historians most likely to pick up this useful volume.

Although the book jacket’s wistful portrait of Mary Wollstonecraft Shelley’s mother—who died after giving birth to Mary—and the “vivid, memorable, and tragic” (p. 2) account of that death with which Loudon begins seem to promise a book of high drama, most of the text moves at a more stately pace. The book is characterized by a thoroughness and patience well worth emulating. (A rare exception: Loudon tells us mortality might have been lower if vaginal douching had been omitted (p. 135) without saying why; later, when he says the practice was “dangerous” (p. 144), he still does not explain.)

The book has many strengths. Loudon is willing to insert himself (“My own feeling is . . .” (p. 132)). At times he acknowledges speculating (“I suspect there are two reasons . . .” (p. 28)); elsewhere he corrects (“Thus the notion that Pasteur had settled the argument once and for all is wrong” (p. 122)). If he is over-fond of graphs and tables for some readers’ tastes, he is nevertheless right that this is the most efficient means of presenting some of the crucial information. He does more justice to Alexander Gordon’s contribution than other writers have, devoting a chapter to him (ch. 3).

In another chapter (ch. 7), twice as long, he also acknowledges the singular importance of Ignaz Semmelweis—without becoming a tombstone polisher. (Quite correctly, he states that “the real story of Semmelweis is much more interesting than the traditional hagiographic version” (p. 88).) Some may even think Loudon unsympathetic to Semmelweis. He writes of the great man’s “ability to ignore inconvenient facts” (p. 99), of his “sensitivity to real or imagined criticism and

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his unwillingness to publish" (p. 102); he points out that misunderstandings "were Semmelweis's fault and no one else's" (p. 100). But there is no reason to think these judgements inaccurate or unfair; Semmelweis was, and remains, a difficult figure. If Loudon has introduced nothing new, he has recounted Semmelweis's part in the puerperal fever story with an admirable lack of sentimentality.

Loudon demonstrates that sporadic and epidemic puerperal fever were both important (ch. 4); he clarifies the highly ironic connection between lying-in hospitals and puerperal fever (ch. 5). Historiographically noteworthy is Loudon's review of the myriad theories about puerperal fever—its causes, treatment, cure—through history. 'Puerperal fever: causes and contagion' (ch. 6) and 'Monocausalists, multicausalists, and germ theory' (ch. 8) show Loudon at his explanatory best. "What we are trying to do in discussions such as this is to get under the skin (or into the minds) of past practitioners as they struggled to make sense of the vagaries of fevers and epidemics. . . ." (p. 83). Assuming there was "a clear and agreed system of beliefs that it is our job as historians to interpret and understand," he insists, "leaves no room for plain, ordinary, muddle and confusion, which, I strongly suspect, was, in many instances, the prevailing state of mind" (p. 84).

Loudon has updated an old story; he has made comprehensible the disease of puerperal fever (ch. 1) and its epidemiology (ch. 12). He has introduced a more complete cast of players in this drama than most writers have done, adding, for instance, Simpson, Cullingworth, Hervieux, and Colebrook. He has exposed the most tragic feature of the story, the stumbling and wholly inadequate efforts well into the twentieth century to cope with a very curable disease. This connects directly to the way Loudon uses the story of puerperal fever to convince us that "questions of disease specificity and changing virulence"

in the past are key to understanding such questions in the present.

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**Michael Bliss, *William Osler: a life in medicine*, Oxford University Press, 1999, pp. xiv, 581, illus., £27.50 (hardback 0-19-512346-8).**

In *The four doctors* John Singer Sargent positions the founding fathers of Johns Hopkins Medical School in front of a globe, reflecting their universal contributions. But, ever since Lytton Strachey's *Eminent Victorians* (1919), we have examined great men with revisionist eyes. Such an approach is certainly justified for three of Sargent's doctors. Not only did William Halsted, arguably the most important surgeon in American history, run his department with withering scorn and bullying, but his long absences were to be explained by cocaine and morphine addictions. Howard Kelly, the brilliant professor of gynaecology, spent little time on teaching, but much on reforming prostitutes and evangelical Christianity. William Welch, the pathologist and dean, was remote, soon stopped research and publishing papers, and never opened correspondence, let alone answered it.

So did the fourth doctor, the only one widely remembered, William Osler—whose pen is the painting's focal point—have similar feet of clay? Michael Bliss started his new biography feeling that the eulogies had been overdone and that the legend could be explained if not punctured. For the legend has persisted. Osler's works have stayed in print. A library, societies, medals, and prizes have been created in his name. Although nobody has attempted the scale of Harvey Cushing's hagiographic biography (reduced from 1 million to a mere 600,000 words at the publisher's request), there have been