

She may be right, but her case is not wholly convincing, partly because Schallmayer is the only figure discussed in detail and partly because the evidence respecting other figures is in fact ambiguous.

Weiss asserts that Schallmayer's views were representative of Wilhelmine eugenicists. However, from the evidence of her book, one could conclude that the movement was actually characterized by a plurality of racial attitudes and thus that no one was typical. Fritz Lenz and Alfred Ploetz, for example, belonged to a secret "Nordic Ring" within the German Society for Race Hygiene. Weiss notes, only to dismiss, such apparent counter-examples, insisting that Schallmayer's views "permeated the thinking of other race hygienists, indeed the society as a whole". But her illustrative quotations indicate that she means by this only that other eugenicists accepted Schallmayer's "technocratic logic". Weiss has convincingly demonstrated that some important eugenicists, such as Schallmayer and Alfred Grotjahn, were anti-racist. That is an unexpected and important finding. But this reader, at least, still needs to be convinced that the same can be said for Wilhelmine eugenics as a whole.

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JOHN B. NEILSON and G. R. PATERSON, *Associated Medical Services, Incorporated: a history*, Toronto, Associated Medical Services and the Hannah Institute for the History of Medicine, 1987, 8vo, pp. 445, illus., \$15.00.

In 1937 Dr Jason A. Hannah, a neuropathologist who had worked for the government of Ontario, founded Associated Medical Services, Incorporated, a private company offering a system of medical care insurance through prepayment. AMS enjoyed modest success in the next thirty years, and then, along with all other private insurers, was effectively put out of business by the advent of a state monopoly on most forms of health insurance in Canada. In 1976 AMS began redeploying its considerable reserve fund through its newly-created Hannah Institute for the History of Medicine. In the dozen years of its existence the Hannah Institute has become internationally known in medical history circles as Canada's principal organization supporting the discipline. It was entirely appropriate that the Hannah Institute should sponsor the writing and publication of a history of the first half-century of AMS. It may also be appropriate that *Associated Medical Services: a history* nicely reflects both the strengths and weaknesses of AMS's and the Hannah Institute's approach to the history of medicine.

The book is in some ways ruthlessly honest, particularly in the authors' frank discussion of the character and life of Jason Hannah. He emerges from it as an intensely opinionated, egotistic, stubborn man, whose inflexibility severely limited the growth of AMS during its insurance years, and whose megalomania almost destroyed it during the transition to medical history. Hannah stumbled into medical history largely by accident as he was searching for a way of keeping AMS's funds out of the hands of tax collectors. Then, in a pathetic quest for immortality, he seized on the idea of building monuments to himself. He would almost certainly have wrecked the whole enterprise, had he not been superseded by Neilson and Paterson, who dutifully kept his name alive through the Institute while telling the truth in the history they have written.

But their appraisal of the Institute's activities in its first decade is perhaps not so clear-minded. Not all, perhaps not many, outsiders in Canada would share the book's view that the Institute's activities have been a success. A more objective appraisal of the Hannah Institute's support for the history of medicine might suggest that a great deal of quantifiable busy work by the Institute and the Hannah Professors appointed at five Ontario universities has not yet resulted in excellent scholarship or a real stimulus to the teaching of medical history. Partly reflecting its absent-minded, amateurish, and tax-driven entry into the field, the Hannah Institute has yet to come to grips with professional historians' methods, needs, and aims. This book's authorship partly symbolizes the failure: neither Neilson nor Paterson knows how to write clear, concise prose or history; consequently they have produced a lifeless, repetitive book about 300 pages longer than it should have been.

## Book Reviews

But perhaps we should be grateful for the effort, both of authorship and of an Institute which is attempting pioneer work in a relatively new field in Canada. The Hannah Institute has outlived Jason Hannah, endured its growing pains, and may do better in the future than it has with its past.

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HORACE W. DAVENPORT, *Doctor Dock: teaching and learning medicine at the turn of the century*, New Brunswick, NJ, and London, Rutgers University Press, 1987, 8vo, pp. xvi, 342, illus., \$35.00.

Between 1899 and 1908, George Dock, MD held a diagnostic clinic for senior medical students at the University of Michigan twice a week during the school term. Dock, professor of theory and practice of medicine and clinical medicine, quizzed the student responsible for preparing the history of the patient being exhibited to the group, called on other students to examine the patient and answer questions, and pointed out the broader lessons to be learned from the individual case. What was novel about this particular clinic was not its format but the fact that Dock engaged a stenographer to make a record of everything that he, his students, and their patients said. From these shorthand notes the secretary prepared a typescript, now deposited at the Bentley Historical Library in Ann Arbor, Michigan, a massive account that runs to some 6,800 pages.

This remarkable document is the basis for this book. Horace Davenport, professor emeritus of physiology at Michigan, divides his material into chapters that principally correspond to broad disease groups, such as 'Cardiovascular problems' and 'Kidney trouble'. In each, he intersperses substantial extracts from the clinic record with his own comments and summaries of Dock's teachings. He has been liberal in his cut and paste work, sometimes bunching together quotations from disparate parts of the transcript to create composite portraits of how Dock managed particular medical problems. The resulting pastiche is engrossing. We see students struggling to apply their textbook knowledge to the frustrating complexities of real patients, hear a teacher with a developed sense of irony guide them through a clinical world very much in flux, and listen to Dock's advice on everything from eliciting information from patients to getting started in private practice. The account offers fascinating glimpses into turn-of-the-century American medicine.

From such a rich and perhaps unique source, however, it is a little disappointing that we get nothing more panoramic than glimpses. The fragmentation and rearrangement of material means that the reader never gains a solid sense of what any one entire clinical session was like. Davenport writes he has excluded the "irrelevant parts" (p. xii), but does not spell out his criteria of relevance, leaving the historian curious about what might be missing. Nor is much said about Dock to help the reader gauge how typical or odd his views might have been. The question of why he took the singular step of having such an exhaustive record of his clinic kept in the first place goes unaddressed, though one wonders just what purpose Dock thought it would serve. As it stands, though, this volume is both suggestive and a pleasure to read, and does good service not least by drawing attention to an exceptional source.

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WILLIAM WAUGH, *The development of orthopaedics in the Nottingham area*, Nottingham, Harlow Wood Orthopaedic Hospital, 1988, 8vo, pp. viii, 209, illus., [no price stated].

There are many ways of being trained in orthopaedics, and among the best in Britain is to spend some years working north of the Trent. (This reviewer has to declare an interest because, although never at Harlow Wood, he had seen it from not far away where its surgeons were as