

Reaume, more so than Connor, explores how class and money played an essential role in shaping patients' experiences, with wealth cushioning certain patients from what he sees as the cruel nature of the hospital. Far less effort is made to explain how psychiatric ideas changed during this period, or how this affected the lives of the patients. For Reaume this is because the medical context can only ever be a limited part of the picture. Overall, his account tells us much about patients' experiences of life at the Toronto Hospital for the Insane but in a way that is almost static, suggesting that little changed between 1870 and 1940.

Together, Connor and Reaume provide valuable insights into the workings of two important Toronto hospitals and demonstrate the merits of institutional and patient biography.

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Robert Oliver, *Making the modern medical school: the Wisconsin stories*, Canton, MA, Science History Publications/USA, 2002, pp. ix, 156, illus., US\$24.95 (hardback 0-88135-262-0).

The University of Wisconsin-Madison has an outstanding medical school, with excellent research facilities, and Nobel laureates to its credit. How did it accomplish this? By deviousness and misdirection, according to Robert Oliver's history. One year after the pre-clinical school was founded with legislative support in 1907, the ambitious, Hopkins-trained dean, Charles Russell Bardeen, managed to introduce clinical teaching, against the protests of local physicians, by branding it as a beefed-up student health service. Once established, the department of medicine neglected the service, having moved on to better things. From 1924, clinical teaching

was put on a proper footing when the affiliated Wisconsin General Hospital opened, again in the face of objections by Madison physicians. This time the justification was the care of the sick poor neglected by private practitioners; this time the clinicians proved themselves fully attentive to the service.

Later conflicts were more likely to be internecine. After two decades under a part-time dean, William S Middleton, in 1955 the faculty brought in a modernizing, research-oriented dean, John Zimmerman Bowers (now best remembered for a history of Chinese medical education). Six years later, in protest against his separating neurology and psychiatry, his meddling in the department of surgery's promotions, and his establishment of a "not necessary" department of medical genetics, the faculty forced him to resign. Hostility between clinicians and researchers continued to trouble the medical school into the 1990s, leading to the resignation of another dean, Laurence Marton.

No doubt Oliver has to be cautious in writing about recent disputes. His descriptions sometimes lack detail, and instead he relies on overheated metaphors and quotation. Yeats's "Second Coming" as a heavily-mined symbol for these institutional disputes seems silly.

Descriptions of the early struggles to establish the school, which might be franker, are unhappily even vaguer. Here, lack of research may be to blame: Oliver relies heavily on an earlier history of the medical school. But another culprit may be his evident reluctance to enter into more strictly medical or surgical discourse. He rarely tells us the clinical or scientific rationale for administrative decisions. That means, for example, we learn more about why a given accountant was hired than any of the professors. The medical historian Erwin Ackerknecht has a bit part as a "dyspeptic, sour" refugee and former communist; there is no description of either

his work or the circumstances of his appointment.

Eschewing intellectual history, thus, Oliver has produced a short book, but an interesting and useful one. The medical school is well situated in the wider social and political context and, unusually, continues to be well situated to the present day. Medical schools and hospitals need long memories. When advocates of market reform campaigned to separate the school from its hospital, Judith Walzer Leavitt helped to mitigate the outcome by illustrating the difficulty in obtaining clinical access in the first place. In this accessible history of the medical school at Madison-Wisconsin, Oliver perpetuates those memories.

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Robert Jütte, Motzi Eklöf and Marie C Nelson (eds), *Historical aspects of unconventional medicine: approaches, concepts, case studies*, EAHMH Network Series, vol. 4, Sheffield, European Association for the History of Medicine and Health Publications, 2001, pp. xii, 288, EAHMH members £19.95, non-members UK £34.95; Europe £37.62; elsewhere £41.76 (hardback 0-9536522-2-X). Orders to EAHMH Publications, PO Box 625, Sheffield S1 3GY, UK; website: www.bbr-online.com/eahmh.

The title of this collection of fourteen conference papers suggests a lack of direction and uncertainty of subject—"unconventional medicine" is nearly as nebulous a term as "historical aspects". Indeed, "the extraordinary diversity of alternative practices in Europe" (the Introduction informs us), means that this volume "can only constitute another

attempt to reveal the complexity of factors both favouring and undermining the roles for alternative medicine in industrialised countries and modern health care systems" (p. 5).

In fact, there are some excellent suggestive papers in the volume for which no apology needs making. Not all, however, are on "industrialised countries". Some of the most original treat folk medical practices in locations far from the studied urban centres of homœopathy and mesmerism—rural Finland, Bavaria, and Iceland among them. Claudine Herzlich's chapter on the multiple logics of caring and healing raises the intriguing question of why contemporary French sociologists and historians have been so singularly uninterested in analysing unconventional medicine, even though their countrymen are as into it as anyone. Much hinges on the fact that the French speak of "*médecines parallèles*", more so than the inherently conflictual denominations deployed elsewhere in the world—a linguistic point that complements Robert Jütte's opening paper on the history of the semantics of alternative medicine, and echoes that by Motzi Eklöf on legal and lexical definitions of quackery in twentieth-century Sweden. Herzlich's broader point is that there is no threat: the "alternatives" are now largely within the biomedical orthodoxy that appropriated them, and, in general, contemporary culture is less authoritarian and more pluralistic in outlook than when the venders of "heterodox" medicine originally set out their wares. Thus the anti-orthodox, anti-medical monopoly model of medical sociologists in the 1960s and 1970s now looks somewhat threadbare; indeed, Herzlich concludes, it is doubtful if unconventional medicine should even constitute a specific field of historical-sociological inquiry.

Like most of the contributors to this volume, Herzlich can be accused of neglecting the politics around alternative medicine, both the formal ones within