

Book Reviews

Most of these were unremarkable, resulting in a mortality of less than 2 per cent. Yet there were several notorious voyages, especially in the 1850s when outbreaks of infectious diseases killed large numbers of passengers, often children. Surgeon superintendents were hired to ensure the implementation of sanitary regimes and to provide medical care during the average 100-day voyages. They appear to have been remarkably successful, particularly given the fact that most voyages started out with a number of emigrants already harbouring infectious diseases such as typhus, whooping-cough and measles. The surgeon superintendents, Haines suggests, need to be seen as early pioneers in preventive medicine. At a time when British sanitary reformers were struggling to impose similar regimes, the complete authority given to these medical men on ships could have served as a useful pilot study. Haines does not seek to examine why the British authorities failed to capitalize on this.

The partial nature of archive sources has determined the selection of case studies. Whilst the mortality data can be pieced together from materials in Australia and London, very few of the mandatory surgeons' journals for each voyage have survived. Haines is well aware of the potential pitfalls, and is confident that the sources used are representative. There is a good balance between describing the normal routines on board ships, and discussing how exceptional circumstances were handled. The inclusion of diary-style case studies, using anecdotes from the handful of surgeons who also left personal journals, makes for gripping reading. Through these personal accounts we learn how surgeon superintendents worked to maintain not only sanitary order, but also the appropriate moral behaviour of the emigrants. Their success in both of these areas was required if Australia was to thrive as a colony, and they were conscious that their supervisory skills were in turn being monitored by the authorities.

This book provides an insight into nineteenth-century society, exposing class and sectarian issues. At times the surgeons' perspective is subsumed by accounts of how "barely

civilized" emigrants from Ireland and the Highlands of Scotland struggled to cope with the protein-heavy diet and alien concepts of personal hygiene. Indeed, the emphasis on the experiences of the emigrants has squeezed the space devoted to the history of nautical medicine, apart from a brief acknowledgement of some "great men" such as James Lind, Gilbert Blane and Thomas Trotter. I had hoped to find more discussion of the backgrounds of surgeon superintendents, and some elaboration of Haines's views on ships as floating medical laboratories. This is a slim, beautifully-written volume. One hopes that there is yet more to be gained from such carefully detailed studies.

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David Boyd Haycock and Patrick Wallis (eds), *Quackery and commerce in seventeenth-century London: the proprietary medicine business of Anthony Daffy*, *Medical History* Supplement, no. 25, London, Wellcome Trust Centre for the History of Medicine at UCL, 2005, pp. viii, 216, £35.00, €52.00, \$64.00 (hardback 0-85484-101-6).

The editors and compilers of this volume will find a smallish but appreciative audience for the publication of an account book from the business of Anthony Daffy, the well-known manufacturer and trader in what came to be famous as Daffy's Elixir. The account book, with entries for the years 1674–83, was found by Patrick Wallis, and he and David Boyd Haycock set about transcribing and annotating it under the aegis of the Wellcome Trust, one of the few patrons of studies in how the medical market developed during the early modern period. Much of this large market consisted of proprietary medicines—originally secret but, if successful, eventually much copied concoctions, often manufactured as a single product by people not trained as apothecaries or physicians, and therefore generally included under the umbrella of quackery. Similar markets for proprietary medicines

have been described by Colin Jones for France, and by David Gentilcore and William Eamon for Italy and the transalpine areas. The manufacture and trade in these products were enabled, as is well known, by increased means of spreading information, above all through printed broadsides, by urbanization, and by a growth in disposable income—factors distinguishing the regional, and eventually national and overseas trade in these medicines from the preparation and sale of medicines by local lay healers, which they supplemented but never entirely displaced.

Continuous account books of this type are a rare although not unique find, and we need more of them in published form if historians are to develop a comparative profile of this market. Haycock and Wallis preface the accounts proper with an introduction laying out personae and the history and spread of the elixir. They meet the expectations of the reader hungry for a full narrative not as comprehensively as one would wish, but there is a large amount of data in the carefully annotated accounts themselves. For the ten-year period covered, the reader can extract prices, sales volumes, unit sizes, packaging, shipping routes, characteristics and location of debtors and creditors (mainly, but not exclusively, general merchants), kinship networks, accounting methods during a period of rapid mercantilistic growth, and much more. While medical historians may find the relative absence of recognized medical providers as direct purchasers of these nostrums proof of their status as quack medicines—secrecy, lack of institutional controls to ensure a modicum of manufacturing standards and safety—it might be well at this stage of research to remember that quackery is a relative term.

During the same period, many respectable physicians in Great Britain and continental Europe manufactured and sold their own secret nostrums, some with comparable acumen. Haycock and Wallis note that the known ingredients—a bowel stimulant and spirits—and effects of the elixir, were common to many medications of the time. If Daffy's Elixir continued to be sold into the late nineteenth

century and even beyond, this was true also for the tonic of the venerable professor from Halle Friedrich Hoffmann. The business of Anthony Daffy and similar proprietary medicine makers was part of a general commercial model adopted twenty-five years later by the makers of the Halle Orphanage medications, who were fully credentialled physicians and Christian philanthropists. In turn, they established a similarly far-flung network of sales of not one universal nostrum but a whole inventory of preparations that were widely advertised without the blessing of traditional medical authorities. The term quackery continues to be in need of an update, therefore. Mr Daffy's accounts are a valuable contribution to an overdue assessment of the extent to which traditional medical practice and commercial pharmacy overlapped at the end of the early modern period.

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Thomas Dormandy, *The worst of evils: the fight against pain*, New Haven and London, Yale University Press, 2006, pp. xi, 547, illus., £19.99 (hardback 0-300-11322-6).

For Schopenhauer, life without pain had no meaning. But Thomas Dormandy, former professor of chemical pathology at the Whittington Hospital, has little time for such Prussian dolorism. In this massive new work Dormandy—the author of several books on the history of medicine, including a well-received history of tuberculosis—provides a panoramic survey of “the fight against pain” in the west from “the mists of history” (his words) to the latest developments in palliative care.

As Dormandy acknowledges in his introduction, pain is more than the stimulation of certain afferent nerve fibres: it has a history and many, many meanings. This reflects a central problem in the historiography of pain and “the fight against pain” (military metaphors being *de rigueur* in the literature on this subject). Most cultures seem to have