

it over and proceed!" In that light, some might query the prominence given the glossary that precedes the text. Second, while the body of Ross's narrative appears faithful to the original, several dates have been corrected and some changes made in spelling and in reference style, all reasonable alterations except that they pass unremarked.

Ross was born in 1857 in India amidst the drama of the great Indian Mutiny, and he died in 1932 in the drama of the Great Depression. During his life he provided his own dramas, the greatest of which was played out in India in pursuit of the malaria problem. That story Ross describes in evocative prose and abundant detail, most of it drawn directly from his correspondence with Patrick Manson, the mentor who set him on to mosquitoes as possible vectors. The hypothesis was Manson's, the actual inquiries and labour Ross's. His success in incriminating mosquitoes took four years of tenacious work under trying circumstances. Of such matters Ross wrote in his Preface that "many discoveries have really been the climax of an intense drama—full of hopes and despairs, visions seen in darkness, many failures, and a final triumph—in which the protagonists are man and nature, and the issue a decision for all the ages".

Ross's triumph brought him Sweden's Nobel Prize in 1902, a knighthood, the FRS, and many other recognitions; and his 1923 *Memoirs*—which he dedicated pointedly to the Swedes, not to the British—also earned a prize. He was a prodigious worker who projected his talents beyond the Great Problem to make contributions to mathematics, epidemiology, and literature. His archives, comprising some 32,000 items, reflect Ross's industry and his evident concern about a place in history. For all of that, Ross was a difficult and troubled man: his dogged but fruitless pursuit of a pecuniary award from Britain's Parliament for his malaria work, his bitter disputes with the Italians over priority, and his lamentable falling out with Manson, were but three affairs in which Ross's sense of proportion failed him.

The Keynes Press publication from the *Memoirs* represents a signal tribute to Ross's hard-won solution of the Great Malaria Problem. No figure in tropical medicine, and few in any other field, could match Ross for his ability to write history as well as make it.

Eli Chernin
Harvard School of Public Health

JAKE W. SPIDLE, JR., *Doctors of Medicine in New Mexico: a history of health and medical practice 1886–1986*, Albuquerque, University of New Mexico Press, 1986, pp. xvi, 384, illus. \$29.95; *idem*, *The Lovelace Medical Center: pioneer in American health care*, Albuquerque, University of New Mexico Press, 1987, pp. xii, 217, illus., \$27.50.

These excellent books are the first significant historical studies of the evolution of medical practice in New Mexico, which became the 47th state in 1912. Written by a professor of history at the University of New Mexico, they are rooted in an extensive archival and oral history programme that has been supported by the University of New Mexico Medical Center Library since 1982. Though slightly more celebratory than critical, they are valiant efforts to analyse medical practice with the criteria and viewpoints of social historiography.

The first book is "a solid, reliable introduction to the subject", as Spidle intended. During the late 1870s and early 1880s, immigrants surged into New Mexico Territory, riding the early trains, less fearful of Indians, eager to exploit the mines. Probably no more than 100 physicians practised in the Territory in 1886 when the Las Vegas Medical Society, founded four years earlier, transformed itself into the New Mexico Medical Society. By 1906, the number had doubled; by 1912, doubled again. The latter growth spurt involved numerous doctors who—like their more numerous patients—sought the arid, sunny climate for treatment of pulmonary tuberculosis. More than forty sanatoria were founded in the state between the late 1890s and the mid-1920s. Using maps and tables, Spidle ably presents demographic data about the growth and distribution of physicians in the state, and he assesses the impact of the sanatorium movement on health care practices in the new state.

After a chapter on women physicians, especially those who practised in the mountain missions, Spidle reviews the painfully slow evolution of public health policies, noting that New

Book Reviews

Mexicans required the stimulus of the influenza epidemic of 1918 before they established a state board of health. He describes the efforts to eradicate malaria between 1923 and 1947, and the contemporaneous success in reducing high infant and maternal death rates. After analysing changes in physician supply and distribution since statehood, Spidle concludes with an analysis of the growth of board-certified specialists after 1940, a summary of the influence of the Lovelace Clinic, and brief profiles of the three dominant institutions during the last twenty-five years: the University of New Mexico School of Medicine (founded 1964), the New Mexico Medical Society, and the New Mexico Board of Medical Examiners.

The second book is a more detailed analysis of the Lovelace Medical Center. Ten years after statehood, William Randolph Lovelace and Edgar T. Lassetter became formal partners in a general medical practice in Albuquerque. By the late 1920s, their partnership was generally known as the Lovelace Clinic, and they decided to develop a group practice modelled on the Mayo Clinic. There were twelve doctors in the group by 1941; four more by 1947 including a nephew, Randy Lovelace, who had achieved national renown as a pioneer in aerospace medicine.

Spidle discusses the incorporation of the Lovelace Foundation for Medical Education and Research in 1947 and the numerous research projects, especially in aerospace medicine, supported by the Foundation during the 1950s and early 1960s. In 1958 and 1959, the Lovelace Foundation and Clinic acquired considerable notoriety as the site for the medical evaluation of the seven astronauts who participated in Project Mercury, America's first manned spacecraft mission. The number of physician specialists at the Clinic grew from twenty-three in 1950 to seventy-five in 1965, and research expenditures expanded from \$13,000 in 1950 to \$3,445,000 in 1965, the year of Randy Lovelace's death in a private plane crash.

The last two decades of growth and change at the Lovelace Medical Center have included the establishment of the Inhalation Toxicology Research Institute and clinical research projects that now involve some 25 million dollars annually; an array of medical education programs, many with the University of New Mexico's School of Medicine; the emergence of the Lovelace Health Plan, one of the earliest and largest health maintenance organizations in the Southwestern United States; and transformative affiliations with the Hospital Corporation of America (1984) and the Equitable Life Assurance Society of the United States (1986).

With only occasional lapses into fulsomeness, Spidle has accomplished his objectives of honouring The Lovelace Medical Center and situating its history within local and national contexts.

The University of New Mexico Press should receive gold stars for the superb design of these books. The tables, maps, and photographs are engagingly aligned with the text, and the presence of notes at the bottom of each page is an exquisite joy for readers who want them.

Chester R. Burns
University of Texas Medical Branch,
Galveston

BARBARA BROOKES, *Abortion in England 1900–1967*, The Wellcome Institute Series in the History of Medicine, London, New York, and Sydney, Croom Helm, 1988, 8vo, pp. vi, 195, £27.50.

The abortion debate that began in the 1960s has been surveyed extensively; there also exist a number of studies of nineteenth-century attitudes towards inducement of miscarriage. Knowing the beginning and the ending of the story we now can turn to Barbara Brookes's study for the essential middle portion. The author's thesis, which is amply demonstrated, is that in the first half of the twentieth century abortion was transformed from a female-controlled form of fertility control into a medically-dominated surgical procedure.

Brookes argues that working-class women, faced with the economic necessity of limiting family size and not having access to contraceptives, long accepted abortion as a necessary form of fertility control. Ironically, the growing respectability of contraception in the early twentieth century was won, in part, by defenders of birth control attacking recourse to abortion. And birth