

Book Reviews

ment of the use of the microscope. In the second essay the author stresses that the rather slow development of microscopical optics up to about 1830, together with the smallness of the scientific community, led to little pressure for the development of methods of illustrating microscopical discoveries for a large readership. Once the achromatic lens was established, and with the technical developments of the later nineteenth century, there was a clear need for widespread dissemination of the information provided by the new technology. This was partly achieved by methods for accurate drawing, coupled with lithography. Real progress, however, was to await the development of photography and its application to the illustration of microscopical publications, first by methods such as the collotype and later by the half-tone plate. All these are surveyed with particular reference to the publications of the Microscopical Society of London (later to become the Royal Microscopical Society).

We must be grateful to Senecio Press for bringing together this stimulating collection of work in the history of one of our major scientific instruments. It is all the more welcome because the essays contain one of the most extensive bibliographies on aspects of microscope history. Let us hope that their re-publication will stimulate even more research into the instrument's development. Many collections are available and their instruments form a vast treasure house waiting to yield up its secrets.

This book of essays is to be highly recommended and should be required reading for all students of the history of medicine and science.

S. Bradbury
Department of Human Anatomy
University of Oxford

ROGER L. WILLIAMS, *The horror of life*, London, Weidenfeld & Nicolson, 1980, 8vo, pp. xiv, 381, illus., £15.00.

Professor Williams has a simple theme, documented in great detail in his five biographical case studies of Charles Baudelaire, the Brothers Goncourt, Gustave Flaubert, Guy de Maupassant, and Alphonse Daudet: all these authors had a "horror of life", experienced and expressed throughout their lives, and translated into their literary visions. Each in his own way lived a tortured, morbid, self-lacerating existence, racked with psychological anguish and physical pain. They were all more or less isolated, unable to form generous emotional relationships, and tending strongly to misogyny (Professor Williams attributes this largely to their ambiguous idealizations of powerful mothers). They saw life as a cheat, optimists as dupes, and felt enduring distaste for the world of post-Revolutionary France all around them: the masses, democracy, materialism, Jews, Socialists, etc. Professor Williams leaves us in no doubt as to his opinion of their standing as human beings. He concludes his essay on Maupassant by stating he was "neurotic, immature, pathetic man", and this verdict holds for them all.

The main thrusts of the argument are twofold. First, Professor Williams is concerned to show how this warped, self-mutilating misanthropy was rationalized by these writers as the hallmark and birthright of artistic genius. The truly inspired writer exposed suffering and caused suffering; and above all he himself had to

Book Reviews

suffer in order to create: hence these authors' lives of migraine, strain, nervous collapse, obsessional overwork, and resort occasionally to alcohol and narcotics but chiefly to medical drugs which they dedicated themselves to. As Professor Williams stresses, they were all "sick men", their true illness being their post-Romantic conception of the artist's role.

But, second, Professor Williams is also concerned to chronicle his writers' medical histories, investigating family dispositions to nervous and paralytic disorders, and the dismal stories of their sufferings from prostration, hysterical and epileptic symptoms, and (especially with Jules de Goncourt and Maupassant) mental collapse – with much iatrogenic suffering *en route*. Above all, he shows in convincing medical and biographical detail that it is likely that the physical decay and death of each of them was hastened if not caused by the tertiary effects of syphilis (and that – although the chronic effects of syphilis were not then medically and scientifically understood – each had a moral-aesthetic grasp of how his own sexual complaints had been at the root of his "horror of life").

Professor Williams has written an absorbing book, marred in three respects. Structurally, five hermetically sealed chapters of biography do not make an integrated book. Tonally, Professor Williams's contempt for his subjects impedes our understanding of them. And there is almost no attempt to use the clinical reconstructions of the dismal lives of these writers as a beacon to illuminate their poetry and novels.

Roy Porter
Wellcome Institute

MORRIS J. VOGEL, *The invention of the modern hospital: Boston, 1870–1930*, Chicago and London, University of Chicago Press, 1980, 8vo, pp. ix, 171, £9.30.

Morris Vogel presents a new style in hospital history, which turns away from the limited in-house productions of former years. Influenced by Charles E. Rosenberg, he attempts a history of an entire hospital community, set firmly in its city context. He traces the hospital from its medically and socially marginal pre-industrial position, serving only the sick poor within a framework of paternal stewardship, to its reformulation as a modern institution, central to the medical care of all classes.

Taking a historical approach which cannot allow such monolithic models as the operation of social control or market forces to be the sole explanations of change, Vogel explores the reasons for increasing popular interest in "going among strangers when ill". He treats a number of important themes in the crucial period 1870–1930, from patronage to patient makeup. Most governors of Boston's early hospitals came from the city's Brahmins, and the primary aim of their philanthropy was social rather than medical. Poor discipline, for example, could be a reason for the expulsion of a patient, however grave his or her condition. Boston's politicians secured increasing influence in the hospitals towards the end of the nineteenth century, and earmarked certain beds for their constituents. The criteria for selecting patients remained social, but different groups were now included. Instead of focusing on the indigenous needy poor of Boston, the hospitals began to admit more immigrants. The most marked change in patient class came after the introduction of scientific medicine, when the