

heart. Margaret was not left in doubt about the risks, benefits and responsibilities of the rational, male education she was receiving. Her learning was to be of purely private benefit. She was warned not to pursue her academic interests to the detriment of those domestic duties for which nature had providentially formed her, or to reveal the extent of her learning to female friends or “ignorant foplings”. Revelation invited the stigma attached to the character of female virtuosi or pedants.

Like other contemporary experts on female conduct, Monro promoted the traditional virtues of a passive and amiable character. He seems aware, however, of the physical and psychological risks of female subjugation. One even suspects that he at times viewed his daughter’s prospective lot in life as something like the proverbial dirty job that someone had to do. There are strong words on the value of female courage and the importance of independent judgement. He placed a high value on the freedom to choose who, or even whether, to marry and he promised his daughter that the income from her inheritance would make it unnecessary that financial considerations should play any role in these decisions. Like one famous predecessor in this genre, Sir George Savile (Lord Halifax), Monro also depicts a version of the worst possible scenario—a colourful gallery of such debauched and profligate potential suitors as the “whore-master”, “gallant”, “drunkard” and “gamester”, whom any prudent woman must immediately reject. After reading his harrowing account of the snares and pitfalls of courtship and marriage, one is relieved to discover that Margaret avoided all of these as well as the less venal, “ninnies” and “frothy coxcombs”. She married at the age of thirty, a respectable judge, nine years her senior.

P A G Monro’s edition of *Primus’s Essay* is a welcome addition to the literature on women’s conduct in the eighteenth century. His Introduction and discussion of the manuscript’s provenance are both interesting and helpful. Printed for the first time, the work is a valuable source of information about the nature of this

genre in Scotland before the publication of Rousseau’s *Emile*. As a species of the sub-genre, “women’s conduct books written by medical men”, it raises questions about the physician’s evident assumption of general expertise on women and about the possible role this played in their subsequent usurpation of women’s medicine.

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David J Rothman, Steve Marcus, Stephanie A Kiceluk (eds), *Medicine and western civilization*, New Brunswick, Rutgers University Press, 1995, pp. xiii, 442, \$50.00 (hardback 0–8135–2189–0), \$22.95 (paperback 0–8135–2190–4).

William G Rothstein (ed.), *Readings in American health care: current issues in socio-historical perspective*, Madison, University of Wisconsin Press, 1995, pp. xiv, 412, £44.95, (hardback 0–299–14530–1); £16.00 (paperback 0–299–14534–4).

After reading these two volumes during the summer vacation, I arrived at the unavoidable conclusion that these are not books suitable for summer vacation reading. Unless, that is, one is evaluating classroom reading for next term. Both of these volumes are designed for use as textbooks.

Rothman *et al.* present a grand design in their opening introduction to *Medicine and western civilization*: they will illustrate and illuminate “the many ways in which medicine and culture combine to shape our values and traditions” (p. 1). (Presumably the “our” reflects back on the western civilization restriction of the title, and excludes readers from, say, Africa or Indonesia.) The authors call for recognition of the inextricable web connecting medicine and culture, and propose a set of readings appropriate for the teacher of a history of medicine course which will demonstrate this relationship. They are particularly intrigued with “the history of the body”. Accordingly, there are sections on the

“human form divine”, the “body secularized”, “anatomy and destiny”, “psyche and soma”, concepts of purity, the role of the healer, issues around experimentation, the growth of hospitals, and the social construction of pain, suffering and death. The eight-page introduction offers a pithy analysis of how these readings might fit into a course, and particularly the ways in which they would fit into a focus on the body in history. From the introduction there is a sense of bold new steps taken in understanding the relationship of medicine and culture.

The set readings that follow are surprisingly traditional. Ancient texts include core passages from Hippocrates, Aristotle, Galen, and the Bible. The Middle Ages are represented by St Augustine, the *Malleus maleficarum*, accounts of leprosy and syphilis, and Arnald of Villanova. The Renaissance “big names” are all here—Paracelsus, William Harvey, Andreas Vesalius—albeit supplemented by an interesting text on the investigation of a supposed saint’s bodily manifestations. Excerpts from the classic accounts of Claude Bernard, Edwin Chadwick, Edward Jenner, René Laënnec, Philippe Pinel, Louis Pasteur and Robert Koch mark the signposts on the path to modern medicine. The book does emphasize gender issues as well, with nineteenth- and twentieth-century offerings on topics of sexuality and sexual function.

The most interesting choices for this reader were literary accounts by William Styron, George Orwell, Paul Monette and others about the experience of suffering and illness from the lay perspective. The memoir by Madame D’Arbly (Fanny Burney) of her own mastectomy in 1811 (sans anaesthesia, of course) is chilling, and not soon to be forgotten. Similarly striking is Orwell’s account of his stay as a charity patient in a provincial French hospital in 1929. His description of the dehumanization inherent in such a vulnerable position should be required reading for all present and future doctors who treat the poor. My personal favourite among this genre is W D Snodgrass’s poem *An envoi, post-turp*, which he directs to his sperm, who

have developed the habit since his prostate surgery, of travelling backwards up his urogenital track.

By and large Rothman *et al.* have assembled a very useful collection of medical classics, and this text book will be valuable for even the most traditional (internalistic?) medical history course. For the instructor seeking the broader span of medicine in its cultural context, there are intriguing readings as well. The illustrations are often informative and sometimes amusing, although it is irritating to find them amidst the pages of an article to which they often have no relevance. Rutgers has done us all a service by making this collection available in paperback, although it is unfortunate that even the paperback edition is so pricy.

While the Rothstein collection, like the Rothman *et al.* book, is aimed at the textbook market, similarities between the two volumes stop there. William Rothstein’s readings are, in a sense, a twentieth-century sequel to the Judith Leavitt and Ronald Numbers’ collection on the social history of medicine in America during earlier centuries. In fact, both works originate from the University of Wisconsin Press, and the layout here is identical to that of the Leavitt and Numbers’ volume. But the Rothstein collection is a mix of history, health policy, and medical sociology, and thus has a broader applicability than just to history of medicine courses. In fact in the introduction he practically apologizes for including historical accounts of the first decades of the twentieth century, but argues that they are useful “in order to provide an overall basis of comparison” (p. xiii).

In his introduction Rothstein makes clear that he intends this collection for upper level undergraduates and graduate students, and that he “endeavoured to choose readings that will stimulate class discussion” (p. xiii). He maintains a somewhat condescending tone in his introductory bits throughout, at times offering definitions for tough words such as “cardiology” in case his elementary readership is puzzled.

Most of these articles have appeared elsewhere, but Rothstein himself wrote several

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of them specifically for the volume, to fill in gaps such as “trends in mortality in the twentieth century”, and “disease as a social concept”. The work contains articles on the history of public health, changes in the health care professions, the structure of health care organizations, mental illness, financing medical care, and ethical issues.

Particularly relevant to contemporary student interests are the essays which describe the evolution of the cost and structure of medical care. Many of my students are planning careers in medicine, and have heard discouraging words about the ways in which the medical world they approach has been ruined by managed care and other alterations in financing which corrode the doctor-patient relationship. The essays by Tom James, David Nash, Rashi Fein, Stephen Jencks and George Schieber offer a particularly apt, concise and reliable summary of how American health care arrived at the unsatisfying tension that characterizes today’s office practice.

The articles on professionalization are equally valuable. As specialties have come to dominate modern medicine (albeit with some competition from us primary care gatekeepers in recent years) the articles on the history of cardiology (Joel Howell), podiatry (James Skinner and James Hughes) and occupational medicine (Angela Nugent) are all illuminating about the ways in which the hierarchy of American medical practice achieved a shape so very different from its Canadian and British analogues.

Ethical discussions flow easily among my students, and this collection offers several enticing nuclei for debate. The fight over water fluoridation (for the prevention of dental caries) continues in U.S. communities, and Donald McNeil’s even account nicely sets up this controversial topic. Allan Brandt discusses the ethical component of the public health war on the cigarette, insightfully addressing the issue of personal and governmental responsibility at its centre. Similar difficulties concerning the core assignment of blame highlight his essay comparing AIDs to earlier battles against syphilis. The ethics of abortion

and human experimentation are likewise introduced in ways both educational and stimulating. Overall, Rothstein has gathered a useful set of articles for classes on the history of twentieth-century medicine, as well as on medicine and public policy issues. Both Rothman *et al.* and Rothstein have provided us with new teaching tools for the contemporary classroom. They are not exactly pleasurable “summer reading”, but they are useful additions to the short shelf of books available (in paperback form) for instruction in the social study of medicine.

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Hilary Marland, Margaret Pelling (eds), *The task of healing: medicine, religion and gender in England and the Netherlands, 1450–1800*, Rotterdam, Erasmus Publishing, 1996, pp. 317, illus., Hlf. 84.50 (90–5235–096–5).

As so often with books edited largely from conference papers, in this case the First Anglo-Dutch Wellcome Symposium, the title does not quite deliver what it seems to offer. The exciting promise of a triangulated development of the themes in the subtitle could perhaps be fulfilled only by a monograph. Fred Bergman’s opening piece unites the three, but by way of the comprehensive historical reconstruction of a concrete case examining the interplay of medicine, theology and patriarchy in a single source-text (a woman’s letter of complaint to the authorities about the treatment of her leprous husband). From then on the book is a collection of essays linking medicine essentially either with religion or with gender or (as in Peter Murray Jones’s study of medical book-ownership in Cambridge) with neither. The other interplay promised in the title is Anglo-Dutch; in religion at least, this is the most important overseas connection for both countries in the central part of the period. However, this is fulfilled only by Harold J Cook’s article on the sameness and difference of English and Dutch medical approaches to “natural history” and merely in passing elsewhere.