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focusing on the “uric acid” scares of Alexander Haig. And the last two chapters shepherd the story into the present century, examining two of America’s most enduring health fads. On the one hand, cycling (though as many Cassandras lamented its likely brood of pelvic deformities and fallen women as there were zealots for its tonic qualities); on the other, body building, pre-eminently in the “physical culture” movement of Bernarr Macfadden, the first Charles Atlas.

Whorton is alert to many of the wider cultural resonances of these episodes, and he effectively contextualizes his crusaders. For example, Fletcher is seen to reflect the pressures in the age of Social Darwinism for individual survival in the business rat-race, and Kellogg is shown to have been *au fait* at least with popularizations of metabolic organic chemistry in the research tradition of Gowland Hopkins. Bernarr Macfadden’s body building is located as part of an international hygienist and eugenic drive for “strength through joy”, which in other cultures formed part of a Fascist movement. Macfadden’s conviction that the big-breasted woman was the healthy woman echoed Aryan idealization in the mother-type. But Whorton also has an eye for slower sea-changes in orientation. He traces the gradual secularization of rationales for alternative therapies and regimens, as also the shift from tight sexual self-restraint early in the nineteenth century through to more modern emphasis on body culture and sexual self-expression. He also traces the “absorption” of fitness movements within hegemonic values. Thus, whereas the Thomsonians and Grahamites wanted to escape from an urban Mammon they saw as physically as well as spiritually corrupting, modern health reformers offer their nostrums precisely as ways of “getting on”. This assimilation has been possible, he explains, because American fitness movements had always been fundamentally individualistic rather than social or environmentalist. Within this atmosphere of medical Lutheranism, health lay in your own hands. Self-control, self-dosing, self-realization – you had a duty to save your own skin and body, much as you should look to your own soul’s salvation.

Ultimately, however, this is not the penetrating revisionist work of scholarship needed to raise our understanding of quacks, faddists, and health reformers from the level of diverting personal history on to a higher plane. More searching questions need to be posed, and basic social analysis carried out. Alongside biographical vignettes, we need to be able to gauge the depth, breadth, and duration of the crusaders’ appeal. Just how influential were leaders such as Graham and Alcott? And with which sectors of society? How far should they be distinguished from “toadstool millionaires”? If their appeal was wide, was this because they offered radical alternatives to orthodox medical systems and therapies? Or because they were cheaper and better marketed? Or because they were actually *congruent* with trends in regular medicine and health consciousness, tapping already existing phobias and foibles? We need a profile of the consumers, just as we need investigation of health reform movements seen as business ventures in the context of the burgeoning regular drugs and health industries. Instead, we too readily get a familiar polarized picture of evangelical health reformers (viewed as heroes or cranks), embattled against allopathic orthodoxy, whereas it would probably be nearer the truth to stress links, interplay, and a continuous spectrum of medical services. Unfortunately, in isolating his crusaders for fitness as a perennial fringe, Whorton perpetuates the traditional stereotypes.

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REINHARD SPREE, *Soziale Ungleichheit vor Krankheit und Tod. Zur Sozialgeschichte des Gesundheitsbereichs im Deutschen Kaiserreich*, Göttingen, Vandenhoeck & Ruprecht, 1981, 8vo, pp. 208, DM. 17.80 (paperback).

Reinhard Spree, Professor of Economic and Social History at the Institute for Economics in West Berlin, has moved from a series of studies of economic history during Wilhelminian Germany into the area of public health. His study draws heavily on his earlier interest in the economic models of history. Indeed, hidden within his present study are more than one indication that his interests in economic cycles and their relationship to social history has in no way abated.

Spree’s volume, as with most German studies in public health published during the past decade, disguises a narrow statistical basis with an encyclopaedic title. The book is not an

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economic answer to any of the French or English studies of death from the standpoint of social history. It is a study of infant mortality as an indicator of the patterns that can be perceived if the statistics generated during the late nineteenth century are examined in the light of their social grouping. Now Spree does this very well. He is interested in the individual as an economic entity and can, therefore, take the criteria provided by the Prussian census as reflecting real class (i.e. economic) differences. His conclusions are quite evident. The more money earned, the lower the infant mortality.

What is most valuable about this exercise is that Spree adds a series of new axes to this otherwise terribly dull (and reductive) tale. He examines the shift from popular medicine to official medicine in Germany during the nineteenth century, and sees the economic problem of getting access to the latter in a time when health insurance was only beginning to cover the population. He sees the amount of money that municipalities were able to spend on health improvements such as water purification and drainage as a reflex of the wealth of the community. And most interestingly, he asks if the decline in infant mortality might not be keyed to the improvement (and decline in cost) of means of contraception. Was infant mortality a means of birth control?

Thus what begins as a rather limited study develops into a rather different direction because of the German development of social history and its application to a problem in the history of medicine. Taking his lead from J. Kocka, Spree begins by using economic criteria to define his groups (economic criteria that are slightly suspect since they served the ideological bias of the Prussian census) and departs from these narrow criteria to examine the embeddedness of these groups in the fibre of economic and social history.

What is disappointing about Spree's study is that he never really questions what the census was doing in creating the groups it generated. Also, Spree relies heavily on existing studies for answers to questions such as the professionalization of the medical profession. Some original work could have been done in examining the economic definition of the so-called "free" professions to see how they fitted into this pattern of economic groups. The other disappointment is that the book in no way lives up to its billing. It would have been quite fascinating to have examined other areas of public health (disease prevention, inoculation, venereal disease) to see whether the findings about the improved status of the rich (as opposed to the poor) holds across the board.

In sum, a good, solid study which adds much to the formulation of questions about the integration of the history of medicine into social history. The book is written in a clear style and is completed with twenty-three statistical tables (most taken from other sources) to support his argument.

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L. C. PALM and H. A. M. SNELDERS (editors), *Antoni van Leeuwenhoek (1632–1723)*, Amsterdam, Rodopi, 1982, 8vo, pp. 212, illus., Dfl. 50.00 (paperback).

Some countries make much of their famous scientists. In France, there are statues and street names to honour them; the same is true of the Netherlands. England, on the other hand, chooses largely to ignore scientists. Hooke's quite momentous *Micrographia* of 1665, which would have received a commemoration in any other country, never even rated a postage-stamp. Newton appears on the £1 banknote, but that will be replaced in 1983 by a coin. Wren, I am reliably informed, is on the £50 banknote, but then he is thought of as an architect.

The Dutch have done well by Leeuwenhoek, banknotes and all. They have received distinguished support from an Englishman, Clifford Dobell, whose thorough book, published in 1932, covers most of what needs to be said about Leeuwenhoek until the *Collected letters* achieve full publication. At the time of writing, there is an exhibition in the Museum Boerhaave at Leiden to commemorate the 350th anniversary of Leeuwenhoek's birth. The exhibition will transfer to the Wellcome galleries of the Science Museum later in 1983. The exhibition catalogue has several essays about the man, his microscopy, his times, and his nine extant microscopes, gathered together in one place for the first time in centuries, and here illustrated in