

including cholera translated to the civil population remain unexplored and need to be addressed if the government strategies to prevent epidemics are to be fully understood.

Overall, the study is useful insofar as it contributes to Russia's history of cholera and is stimulating for provoking discussion on some important episodes in the history of late imperial Russia, and has undoubtedly confirmed the importance of examining the impact of individual disease and the issues surrounding public health as a means of exploring key debates in social and political history. Given the dearth of scholarly studies of epidemics and the health care system in Russia, this volume is particularly noteworthy.

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Bradley Lewis, *Narrative Psychiatry: How Stories Can Shape Clinical Practice* (Baltimore, MD: The Johns Hopkins University Press, 2011), pp. xv, 214, \$50.00, hardback (cloth), ISBN: 978-0-8018-9902-7.

Acknowledging the fact that stories as such are a fundamental element for physicians and psychiatrists, this book aims to focus on the narrative process as a fundamental aspect of treatment. The author, Bradley Lewis, is professor of medical humanities and cultural studies at New York University's Gallatin School. Right from the start, Professor Lewis writes that 'Psychiatrists listen to stories more than anything else they do' and most medical cases are usually summarised as 'stories' (p. vii). This book, *Narrative Psychiatry*, links the art of listening to stories by patients with the science of decoding narratives, 'at the interface of clinical and theoretical work' (p. viii). Both fields – that is, narrative studies and new psychiatry – have evolved impressively during the last two decades.

Emerging from the 'new psychiatry' trend, *Narrative Psychiatry* is divided into ten chapters (p. ix). Chapter 1 ('Listening to Chekhov') is perhaps the most surprising and also the most provocative of the book, although the author refers as well to the lesser-known works of physician-writer Abraham Vergese who argued that 'our patient's stories come to depend heavily on repetition of what we say' (p. 13). As Professor Lewis explains, Chekhov was an author and a physician and therefore he combined 'the storytelling craft and medical practice' (p. 13). The second chapter on 'Narrative Medicine' situates the emergence of narrative psychiatry within the new clinical models of medicine which burgeoned during the 1970s, when 'medical scholars began opening their knowledge base to inquiry coming from philosophy, anthropology, and literature' (p. 20). Each of these interdisciplinary approaches is then discussed in the following pages with an impressive number of sources and references; for instance, the concepts of 'stories of sickness', 'healing as storytelling' and 'storytelling as healing' brought by physician Howard Brody in 2003 (p. 26). Chapter 3 provides and articulates the main concepts for doing narrative psychiatry: 'characters', 'plot', 'metaphors', 'repetitions', 'time' and 'point of view' (p. 47). Some passages can really be fascinating, for example this opposition and 'comparison between identity in life and character in fiction', which at some point become similar since they both use stories and narrative (p. 47).

Most of this book proposes selected case studies of stories that are briefly analysed and interpreted; chapters 4–8 articulate narrative psychiatry with many different approaches such as 'Family therapy', 'Spiritual therapy', or 'Expressive therapy'. The last chapter

(‘Critical Reflections’) anticipates and addresses the usual objections to narrative psychiatry because it is sometimes considered as ‘Old Hat’ (p. 161), being ‘too broad’ (p. 163), ‘not practical’ (p. 166), or in some cases opponents consider biopsychiatry and neuroscience as reductive (p. 168).

A cutting edge analysis, *Narrative Psychiatry* should not be seen as being totally opposed to traditional psychiatry approaches. It is not a biting critique made by a mere outsider: on the contrary, it proposes a better understanding of what patients have to say, hide and express. Even for professionals or scholars who have no interest in narrative psychiatry, this book will be interesting and rewarding since it gathers many timely thoughts, ideas and debates about science, knowledge, and epistemology; for instance, should we say that ‘science *discovers the world*’, or that ‘science *constructs the world*’? (p. 149).

Clearly an original and important contribution, Professor Bradley Lewis’s book is engaging and inspiring, clearly written and without any obscure jargon. It is obvious that the author had been carefully preparing this project for years. Although it is not in any sense a casual reading, undergraduates and non-academics could follow this demonstration. In sum, *Narrative Psychiatry* will surely inspire psychiatrists (and not only those who oppose to biopsychiatry), but also doctors, clinicians, psychologists, even philosophers, and people working in the health sector. Furthermore, Bradley Lewis has produced here a unique and impressive demonstration of a possible interdisciplinary bridge between sciences and humanities. Of course, because there are not many titles located at this intersection of disciplines, university libraries should own this original and rare book.

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Annette F. Timm, *The Politics of Fertility in Twentieth Century Berlin* (Cambridge: Cambridge University Press, 2010), 374 pages, \$99, hardcover, ISBN: 9780521195393.

Population policy, eugenics and welfare have moved from the margins to mainstream issues in modern German history. The issues of births, welfare, sexually transmitted diseases and contraception became highly charged political issues around 1900, and thenceforth this mindset has exerted considerable force on family policy and welfare in successive eras. There is also a darker side as regards eugenics and sterilisation, culminating in Nazi racial policies. Nowhere is this more true than in Berlin, a city that has itself undergone immense upheavals in terms of population and politics. Timm’s book is mainly pitched at the level of ideology, the public discourse on sexually transmitted diseases, and – to a lesser extent – the provision of contraception. Berlin provides a context and setting for the impact of the fear of a declining population. The city is seen as a hotbed of progressive culture from the culturally and politically vibrant Berlin of the 1920s until the divided city of the 1960s.

The medical discourse long focused on a ‘sterile Berlin’, as a city unable to replenish its population stocks, and as a city of inward migration. Timm’s concern is less at the level of population and patients, and more at a higher political and administrative level. On the whole we have a rather top-down analysis using central state archives,