

case, “eugenics has been characterized by a discrepancy between the utopian character of its ambitions and the actual possibilities for the realization of its projects”.

Everywhere, except in Vienna. Of course, Vienna is Catholic; the Vienna of the *Ständestaat* could not have gone beyond the prenuptial certificate, “modest instrument for the relatively pain-free integration of eugenics in the ‘Catholic milieu’”. And neither could socialist Vienna, which would never have gone over to the other side of the mirror. Still, long ready for the worst, thanks in particular to its university chair in anthropology, Nazi Vienna would not have such scruples following the *Anschluss*. From 1938, the innovative creation of a Department for Policy on Heredity and Race marked the beginning of the large-scale implementation of Austrian racial policy. This included the register of heredity, bringing together 767,000 files in March 1944, 6000 sterilizations (an estimation) between 1940 and 1945, 3200 people transported and euthanized at the *Steinhof* (the largest psychiatric hospital in the city) in the summer of 1940, 1850 children incarcerated at the *Spielgelgrund*, 789 of whom were killed by poison, lack of care, hunger or infection. Nothing escaped the Viennese.

Bertrand Russell believed that “what stands in the way (of introducing eugenic measures) is democracy”. The author of *Marriage and morals* (1920) certainly did not know that in 1919, opposed to German racial hygiene, a democratic and progressive eugenics became the “official doctrine” of the newly formed Czechoslovakian Republic. And it was in Prague, starting in 1933, that the opposition of German-speaking biologists to Hitlerian racism was organized.

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**Leslie J Reagan, Nancy Tomes, and Paula A Treichler** (eds), *Medicine's moving pictures: medicine, health, and bodies in*

*American film and television*, Rochester Series in Medical History, University of Rochester Press, 2007, pp. ix, 343, £50.00, \$85.00 (hardback 978-1-58046-234-1).

Somewhere between the journal issue with diverse contents and the specialist monograph lies the essay collection, usually born in a welter of enthusiasm that the concerns of a coterie of researchers are coming of age. Scholars often take the opportunity to develop interesting lines of research at the periphery of their principal concerns, or to publish an excerpt from a longer line of investigation. Both can individually be valuable. But such volumes often implicitly pose a question: do the contributions together denote a common concern, or is the volume's title a flag of convenience? The editors' argument for the unity of this particular volume is that medical films and television can and should be considered as a distinct genre.

Martin Pernick, who did so much to open the eyes of medical historians to the value of studying films with *The black stork* (1996), elegantly opens the volume with his reflections on the interrelations of these two subjects in the early twentieth century. This impressively compact contribution illustrates the ways in which medical films were products of their age, exemplifying “a highly technological romanticism”. Two further contributions focus on health education films. John Parascandola's essay is about the tension between moral and medical discourse in US Public Health Service VD films, ostensibly from the Second World War, though ranging back to the Great War. This account, structured around extended summaries of half a dozen films, nicely illustrates the universal features of health education film production, and also what is specific to VD. Leslie Reagan's contribution is an entirely successful fusion of medical and film history, built around a case study of *Breast self-examination*, a 1950 health education film, compared with a film for physicians, *Breast cancer, the problem of early diagnosis* (1949), both made by the American Cancer Society.

Here the films were integral parts of the medical ideology of personal responsibility for health.

Lisa Cartwright's essay on Alexander Mackendrick's 1952 Ealing Studios film *Mandy* strains at the edge of the volume's concerns, belying the volume's subtitle by discussing a British film, and taking us into the deep waters of psychoanalysis and feminist film theory. The *Mandy* of the title is a mute child who learns to speak; Cartwright interprets this as the "struggle to articulate 'the word' as a literal expression of the female subject's emergence into the public sphere" (pp. 134–5).

Nancy Tomes explores the interwar "conscious recruitment and deployment of famous people to promote public awareness of specific diseases" (p. 36). But in none of her five examples was a major film crucial to the public's understanding of the disease in question. In both of the cases where biopics were made—*Pride of the Yankees* (1942) about Lou Gehrig and *Rhapsody in Blue* (1945) about Gershwin—the disease was underplayed. If this rather undercuts the thrust of the essay, it demonstrates the need to look at media other than film to understand the cultural presence of disease. The RKO biopic *Sister Kenny* (1946) is the main subject of Naomi Rogers' highly readable essay. This variant on the Hollywood heroic doctor movie, unlike the others in the cycle, featured a living female protagonist who was not only in conflict with the medical establishment, but also took part in the making of the film. Vanessa Northington Gamble compares two films about black physicians made in a brief postwar fashion for "race problem" movies, *Lost boundaries* (1949) and *No way out* (1950). Certainly a sensitive study of the issues, this essay seems at times only incidentally to be concerned with medicine.

A comparison of the factors affecting the cinematic representation of animal and human experimentation is the focus of Susan Lederer's essay. The impact of antivivisectionists was such that the depiction of animal experimentation was much more

constrained than that of heroic humans. In the volume's only excursion into science fiction, Valerie Hartouni's essay, despite its opaque language, provides an interesting and well-contextualized discussion of the implications of the genetic technologies represented in *Gatacca* (1997). Notwithstanding the dystopian fears of such fantasies, she argues that social technologies of law and public policy really define personhood, not bioscience.

Joseph Turow and Rachel Gans-Boriskin's chapter is an elegant discussion of the establishment and career of the dominant formula in medical television dramas in which heroic and authoritative doctors preside in high technology hospitals. They show how the politics of health care budgets have only latterly begun to be shown in their plotlines. Rather problematically in the midst of even-handed historical accounts, Paula Treichler's contribution on an HIV/AIDS storyline in the soap opera *General Hospital* starts with a call to arms demanding "effective mass media education and intervention efforts in health and medicine" (p. 93). The essay ends with a question about whether the storyline *succeeded*. As her case study is largely descriptive of series episodes, I slightly missed a discussion of whether the storyline was *designed* to be educational.

The editors have created a book that acts as a sampler for a range of approaches to films and medicine. Not all types of medical and health film are considered, and a select range of approaches is exemplified, but this will be a valuable collection for scholars to take out of the library (its price is likely to deter student purchases). But does it establish the editors' contention that medical films and television constitute a genre? I am not convinced; they are certainly not a genre in the sense established within film studies that westerns or *Carry on* films are. What the volume shows is that medicine is the subject of a wide variety of films of different genres. The chapters bear this out: *Sister Kenny*, for example, is a biopic, the VD films are health education films, and *General Hospital* is a soap opera. But there is

another way of looking at this; it is not so significant that medical moving pictures are not a genre as that those who write about them are not yet a community with shared approaches and concerns. At the moment this diversity is a strength, but an edited volume is a difficult type of publication to bring about the rapprochements and focus that would tease out the similarities and differences that would enable secure generalizations to be made. In that sense, the study of these image artefacts has indeed come of age, but it has not yet reached maturity.

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*Corpus dei papiri filosofici greci e latini (CPF): Testi e lessico nei papiri di cultura greca e latina. Part 1.2 Cultura e filosofia (Galenus–Isocrates)*, 2 vols, Florence, Leo S Olschki on behalf of the Accademia toscana di Scienze e Lettere “La Colombaria”, Union Académique Internationale, Unione Accademica Nazionale, 2008, total pp. 1005, €175.00 (paperback ISBN 978-88-222-5791-8, ISSN 1122-0872).

These two volumes constitute the second part of a major international project to publish a corpus of the (mainly Greek) papyri from Graeco-Roman Egypt relating to philosophy. The first part had concentrated on named philosophers, whereas the second comprises doctors, mathematicians, and political thinkers as well as collections of oracles and alchemical tracts. Given the wide-ranging compass of ancient “philosophy”, this inclusiveness is not surprising. The volumes under review present the papyri of only eight authors, in alphabetical order from Galen to Isocrates, but they do include the two most famous medical authors of Antiquity, Galen and Hippocrates. Each papyrus is provided with a full bibliography of earlier editions and discussions, information on date and provenance, and a detailed commentary, as well as a discussion on the place of each

papyrus within the manuscript tradition of each author. The level of scholarship throughout is high, and anyone who is involved with editing and interpreting these texts will benefit greatly from having so much information collected together in one place. The texts of Hippocrates and Galen supersede those published earlier by Marie-Hélène Marganne in her *Inventaire analytique*, Geneva, 1981: Olschki’s printing is also superior in elegance and legibility to that of Droz.

Particularly striking in these lists is the absence of other famous physicians—no Rufus, no Soranus, no Aretaeus. (A few papyri of Dioscorides and Nicander have been published elsewhere, but these have been excluded as pharmacology.) This imbalance may reflect the dominance of Galen and Hippocrates in late Antiquity, although at least one papyrus of Hippocrates comes from the first century CE, and one Galen papyrus may have been written within a couple of generations of the latter’s death. The celebrated Anonymus Londinensis papyrus, with its important information on Hippocrates and Hippocratism, is here tacitly redated to the late first century, perhaps a half century earlier than its traditional date.

Three Galen papyri represent actual treatises, coming from *De antidotis*, *De compositione medicamentorum per genera* (the largest in extent), and, somewhat surprisingly, *De placitis Hippocratis et Platonis*, while four appear to be citations or comments in otherwise anonymous tracts. Unpublished Oxyrhynchus papyri will add more Galen, from a greater variety of texts. The Hippocratic material is far more substantial: twenty-two papyri of texts (one not edited here), and sixteen of citations and references. *Aphorisms* and *Epidemics* predominate, with five and six papyri respectively, although there is only one secondary papyrus of *Epidemics*. Nine other Hippocratic texts are represented here, and two more appear in secondary citations. This variety may reflect also the ways in which Hippocratic texts were interpreted in late