

relates to all sections of the book and should have been in the introduction is not provided until much later, including a history of legal and illegal abortion in the United States. It is also repetitive in places, and suffers issues of continuity, as though each section were designed to be read in isolation rather than as forming part of a whole. Thus, there are no cross references to actors who are mentioned in multiple sections of the book, and we are still being told by the third section that abortion was illegal before *Roe v Wade*.

One might also question how representative the interviewees are. No doubt the varied range builds up a fascinating picture. However, only one woman willing to share the story of her illegal abortion in Pioneer Valley was found. The author simply notes, slightly unconvincingly, that her story “stands in for the silent voices of the many thousands of Pioneer Valley women who experienced the difficulties of illegal abortions” (p. 26). Cline also claims that other individual stories were “undoubtedly . . . repeated in some way in towns and cities throughout the country” (p. 66), without even a historiographical footnote to back up the statement. Alongside the “small numbers” problem, the narrative is inevitably skewed because only the most “progressive” seem to have been willing, or were invited, to share their experiences.

Such criticisms notwithstanding, *Creating choice* is a highly readable and thought-provoking book for those interested in the history of reproductive rights and provision.

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David M Turner and Kevin Stagg (eds), *Social histories of disability and deformity*, Routledge Studies in the Social History of Medicine, 25, London and New York, Routledge, 2006, pp. xiv, 198, £65.00 (hardback 978-0-415-36098-2).

In the afterword Sharon Snyder and David Mitchell suggest that a disability studies

perspective is somewhat lacking in this volume; this may be the case, but is it the point? I may seem facetious, but this is an important issue raised by this collection. At present, disability history and historians sit uncomfortably between the edge of mainstream historical research and the more overtly politicized disability studies. This is nothing new and has been evident in histories of race, class, and gender. Do we explore the undoubted exclusionary nature of the past? Should we embrace emancipatory research methods? Should we use disability as a lens through which to view history? These questions should be explored by the individual, not at the dictate of the sub-discipline. To follow one predetermined intellectual path is in itself exclusionary, unproductive, and stultifying. From the outset, David Turner and Kevin Stagg’s project is to consider disability as a way to understand society, to explore the impact medicine had on legitimizing notions of normalcy, and to think about shifts in perceptions surrounding disability and deformity over time.

Kevin Stagg’s exploration of monstrous births through the medium of early modern broadsheets indicates the importance of thinking about how such ideas expressed the wider workings of society. The broad implications of disability are also considered by Ayça Alemdaroğlu through twentieth-century Turkish nationalism and eugenic ideology. Whilst such ideas seem to spring from post-Enlightenment rational thought that supported the medicalization of disability, Alemdaroğlu suggests that the populace still believed in the connection between deformity and religion. This may indicate that shifts in understanding overlapped, but show the need to understand attitudes towards, and experiences of, disability in all their complexity; acknowledging continuity as well as difference. Thus, Suzanne Nunn’s description of anti-vaccination satires in the nineteenth century supports the continuity of fears surrounding the loss of humanity that disability or deformity deemed to express. Sharon Morris shows that this was not the

only view. In her consideration of eugenic ideology and the mentally deficient, she ends by demonstrating that families were often reluctant to sterilize their children. Conceptions of disability are hardly monolithic. This is evident within David E Shuttleton's work that combines politics and morality in the rhetoric of smallpox, and François Buton's consideration of educational policy shifts for deaf children. Connections between the political and the moral are themes that wind throughout the collection.

Kristy Muir explores individual experience via oral testimony of Australian and Indonesian veterans with post-traumatic stress. This provides a useful insight into control over the self that institutional histories may lack. The individual also comes to the fore through Hal Gladfelder's consideration of sexuality and deformity, bringing the body into the debate. The controlled body is also a central theme of Anne Borsay's analysis of orthopaedics and social control. She suggests holism was a central tenet in the drive to produce economic units via orthopaedic care in the early twentieth century. This is worth further exploration as it could be suggested that through holistic approaches a modern perspective of disability could be formed and disseminated.

One of the aims of the project was to consider historical shifts. Whilst this is important, we should not forget the continuities. They include the obvious, but important, negativity that surrounded disability, the continued use of morality and politics to define or treat the disabled, and the tensions that exist between institutional histories and personal experiences. More could have been said about the connection between disability and various national perspectives, but such projects should be taken up by interested parties rather than being prescribed avenues of research.

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John Welshman and Jan Walmsley (eds), *Community care in perspective: care, control and citizenship*, Basingstoke, Palgrave Macmillan, 2006, pp. xxi, 278, £55.00 (hardback 978-1-4039-9265-9), £19.99 (paperback 978-1-4039-9266-6).

Despite the wide-ranging title, *Community care in perspective* is in fact a detailed study of services for people with learning difficulties since the foundation of the National Health Service in 1948. Its mission is to explore the "extraordinary historical transition", which saw community care "transmuted, at least in rhetoric, from an adjunct to the institution to the means for inclusion and rights". Its methodology is the "stakeholder approach" where life histories, oral histories and autobiography, together with documentary sources, are used to construct plural accounts of service development and impact that reject the quest for a single "authoritative" history (pp. 2–3).

The book is divided into four parts. Part 1 consists of two chapters which unpick the 'Ideology and ideas' that underpinned policy before and after 1971. Part 2 conducts a similar exercise for 'Organizations and structures', with the addition of a third chapter that commendably examines the implications of devolved government. Part 3 places the UK experience in international context through a discussion of the USA, Canada, Scandinavia, and Australia. And Part 4, entitled 'Experiences', tells the story from the viewpoint of people with learning disabilities, their families, the workforce, and the voluntary sector. There is also an interesting chapter that teases out the implementation of community care in two contrasting locations—urban Croydon and largely rural Norfolk. Finally, the conclusion offers an excellent summary of the book's two key themes: the "forces for change" in which campaigning families, "an individualistic human rights ideology", the scandal of abuse, and rising costs featured prominently; and the shifting balance between care, control, and citizenship, in which staffing, "the emphasis