

movement cleaning up many of the health hazards of ocean voyages. The Queensland government was right behind these measures: after all, each immigrant represented an investment of almost £20. However, it still comes as a shock to discover just how much care was lavished on these colonists in transit, compared with what their peers at home were experiencing.

The floating world presented opportunities for implementing public health strategies on a scale impossible on land. In charge was the surgeon-superintendent: in addition to his medical responsibilities, he appointed and supervised a corps of constables, a teacher, and a matron—whose chief function was to prevent communication between the single women and any man on board, except the doctor. (This had predictable consequences, such as the matron thrashing one of her charges for accepting a doctor's invitation to sit on his knee during rounds.)

The new Public Health movement entailed documentation on a hitherto unprecedented scale, and the author has been able to reassemble details on a staggering 99.6 per cent of the immigrants and on 600 of their 610 medical attendants. Despite the existence of these vital statistics in various locations, nobody has previously done the sums to provide "a systematic, continuous assessment of immigrant health in transit"—which is Woolcock's achievement. Not only "objective" data proliferated in the late nineteenth century; so did letters and diaries, and extracts from them have been used to add very human flesh to the bare statistical bones. (They range from "We seek a stranger's land to win What Britain us denied" to "Spent the evening knocking [*sic*] about the ship in search of some fun".)

As the book focuses on the immigrants' health on the voyage out, most of their lives before and after are quite reasonably excluded. However, this induces at times that same feeling of hopeless incarceration a long sea-voyage might. Since there is already a nod in the direction of fiction (*Rites of passage* is a novel by William Golding about a nineteenth-century voyage to Australia), borrowing a fictional device from that genre—the revelation that everyone is not as he appears—might have opened things up. There are certainly tantalizing hints of this. The single women, locked up like the treasure the new colony hoped they would be, may have obliged by dying less than any other group on board, but also managed to contribute significantly to the birth rate (demonstrating their reproductive fitness a little earlier than hoped). Roaming more freely around the decks were not just young farmers. Job lots of navvies were shipped over during the 1860s public spending boom, and throughout the period ships were filled up at the last minute with the "sweepings" of seaport towns. Not every aspect of the venture was an unqualified success; despite the ratio of three males to two females in Queensland in 1861, more males than females embarked for Queensland over the next forty years, exacerbating anxieties about "social evils". (Anxieties that still persist; Queensland currently has the most homophobic legislation of any Australian state.)

Whoever the passengers were, once on board, their chances of reaching Australia were high—only one shipwreck entailing loss of life out of 1,317 voyages, and an overall survival rate of ninety-nine per cent. But was that good? The Registrar-General's figures for total British emigration (which are much better) do not take into account either the duration of the voyage or deaths in quarantine. Comparisons with the transatlantic voyages of the Irish famine years, and fine words in an 1863 *Lancet* and from a hardly impartial Queensland Agent-General, do not really count. This cavil aside, in terms of its comprehensiveness, *Rights of passage* stands as the *Enquire within upon everything* of Queensland emigration, 1860–1900.

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HULDRYCH M. KOELBING, *Die ärztliche Therapie. Grundzüge ihrer Geschichte*, Darmstadt, Wissenschaftliche Buchgesellschaft, 1985, 8vo, pp. 271, illus., DM.38.00 (paperback).

Over the past century, complaints have often been made that historians have neglected therapeutic practice and its relation to therapeutic concepts and medical theory. Given the difficulties in establishing actual practices of past times, this should come as no surprise. To this can be added the historical temptation to judge the usefulness of past therapeutic management from a twentieth-century perspective (a general historiographical stumbling-block, but for some reason the more so when dealing with the application of concepts that involve utility).

E. H. Ackerknecht, arguing that a history of therapeutics would be “the most useful book a medical historian could write”, apologized in the preface to his own work on the subject (1970; English translation, *Therapeutics from the primitives to the twentieth century*, London, Collier Macmillan, 1973) that, owing to ill health, he had to limit himself to an outline of therapeutic principles in internal medicine. He pointed to “the role of fashion”, the connexion between therapeutic activism and conservatism at certain moments in history, and the frequently unpredictable relations between medical theory and practice.

Since then, various authors, like John Harley Warner, have tried to remove the vacuum around therapeutic history by attempting to place therapeutic action within a broader historical context: for example, through emphasizing how a particular therapeutic approach could at times function to satisfy social and emotional needs, or could work to establish prestige and status. The tripod of medical theory, therapeutic principles, and actual practice has slowly put its legs in firmer historical soil. Professor Koelbing, however, has chosen to adopt an older mode of writing in this volume. As he states in his introduction, although “the history of therapy is not only a history of concepts of treatment, pharmacy, and therapeutic operations . . . , the field of therapeutics becomes hard to survey as soon as one enters into particulars”. This he subsequently avoids, instead focusing on therapeutic principles in their relation to general medical theory from ancient Greek to modern times. He concentrates on western medicine, although he allows himself a thirteen-page excursion into traditional Indian and Chinese medicine, comparing their underlying concepts with Graeco-Roman ones. The chapter division follows commonly-used chronological blocks, with the familiar “darkness” of the Middle Ages (eight pages on Arabic medicine, eight pages on occidental therapies at that time). A separate chapter on psychiatric treatment is added at the end of the book. Throughout the work, Professor Koelbing makes use of the Celsian division of therapeutic modes in diet, pharmacy, and surgery, and medical ways of thinking into magico-religious, empirical, and rational.

We are thus guided along the well-known path, illuminated by names of famous men, discoveries, and quotations from medical treatises: from humoral pathology via Galenic eclecticism into the early modern world, with a great turning-point in the nineteenth century, with its “improvements in surgery”, the “rise of bacteriology”, and an even greater acceleration in the twentieth century. As a general characterization, Koelbing observes a “therapeutic optimism” in healers through the ages. In spite of short periods of therapeutic scepticism (France) or nihilism, healers were, in general, self-confident, “the imperturbable self-confidence, that true knowledge never has and never will provide” (as the author quotes Magendie).

The limitations of general introductory works of the “*Grundzüge*” type are well known: it is simply very hard to introduce historical complexity when dealing with 2500 years in 250 pages. But by starting with the names, events, and basic concepts, more historians might be tempted to move on to the difficult network of therapeutical relations.

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JUDY BARRETT LITOFF, *The American midwife debate. A sourcebook on its modern origins*, Westport, Conn., and London, Greenwood Press, 1986, 8vo, pp.xii, 251 illus., £35.00.

From the late nineteenth century to the present, and especially between 1900 and 1940, there has always been a close connexion between obstetricians in Britain and the USA. Each country has known of and been influenced by each other’s contributions to the science of obstetrics. Yet there could hardly have been a greater difference between the two countries in the role of the midwife. For all the Sairey Gamp image of the nineteenth century, there was never in Britain any real prospect of, or desire for, the abolition of the midwife. The strength of the British midwife grew in part from her strong base in the eighteenth century, and in part from the British emphasis on general practitioner/domiciliary obstetrics. Just as important was the close link between midwives, nurses, and health visitors. Therefore, even in the mid-nineteenth century when the midwife was most reviled, all efforts were directed towards her improvement by education, examination and certification, and the permanent place of the midwife was confirmed by the Midwives’ Act of 1902.