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and design to publication, together with the system of Home Office licensing and inspection, is described. The latter, it is pointed out, is considerably more rigorous and effective than monitoring of other activities, such as inspection of factories, where considerable human hazard may exist, or other situations where pain and suffering by humans or animals occur.

Finally, the author discusses the way in which the balance should be struck between benefit reaching into the future on the one hand and the suffering that may be entailed on the other. In the climate of change and growth that characterizes an open system such as science this point of balance will continually be revised. Perhaps the point chosen, which justifies animal experiments to establish the safety of cosmetics and toiletries, may not be acceptable to all, even though it represents a very small number of experiments. The arguments used in its favour are the perceived blurred margin between preparations prescribed for dermatological use and the large-scale voluntary use of cosmetics and toiletries, together with society's need to protect the careless and foolish. Presumably, the non-lethal Draize test applying these substances to the eye of the rabbit could be translated to (suitably rewarded) human volunteers?

The book is to be applauded for its fair and balanced presentation of these important issues, even if the reader may not share all the conclusions drawn. A minor irritation is the system of referencing used, which makes it necessary to look in two separate places to find the original source.

Eric Beck
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RICHARD B. SHERIDAN, *Doctors and slaves. A medical and demographic history of slavery in the British West Indies, 1680–1834*, Cambridge University Press, 1985, 8vo, pp. xxii, 420, £25.00.

History deals with change, sometimes with development; not only should it record facts, but also provoke discussion and stimulate investigation in new areas. Since, as E.H. Carr writes, "History is a social process", the historian seeks to unravel, reveal, and comprehend human behaviour and to share this knowledge with his readers. Medical history must combine this purpose with that of presenting and discussing scientific information. Professor Sheridan has deftly combined the two to produce an important and impressive work.

The subject of slave medicine in the American colonies has been receiving well-merited attention; however *Doctors and slaves* deals with what has long been required – a general picture of slave medicine and demography in the British West Indies between 1680–1834. Professor Sheridan pays particular attention to conditions in Jamaica as the largest and economically most important island, but the other islands and correlating conditions in the American colonies have not been neglected.

The main purpose of the study is to investigate and define the reasons for the natural decline in the slave population, which caused plantation owners to rely heavily on the maintenance of the slave trade; it also seeks to ascertain the kind of health care given to slaves. The author looks at the role played by the Atlantic trade as a disease vector and examines the environment of the sugar plantation with its brutal labour system, which, Professor Sheridan concludes, combined with inadequate nutrition and poor health care to produce low fertility amongst female slaves and a high infant mortality.

The book is extensively researched (its bibliography is comprehensive) and contains many interesting and discerning social observations. A Professor of Economics at the University of Kansas, the author has many previous publications on the economic and sociological conditions of these islands, and his authority over his material enables him to handle a great quantity of diverse information with ease and clarity, making the book comprehensible both to the medical observer and the interested layman.

Doctors and slaves is a major contribution to the knowledge of tropical medicine and health care in an area and at a time in history when disease and economics were indissolubly linked. Professor Sheridan shows us how Britain in her quest for power and wealth pursued inhuman

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and short-sighted policies in the management of both human and ecological resources, leading to high and irretrievable losses in both, and a consequent decline in her fortunes in the West Indies. It provides fascinating and almost obligatory reading for those interested in medicine and West Indian history.

Barbara Stuart
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JOHN D. FRENCH, DONALD B. LINDSLEY, and H. W. MAGOUN, *An American contribution to neuroscience: the Brain Research Institute, UCLA, 1959–1984*, Los Angeles, University of California Brain Research Institute: UCLA Publication Service Department, 1984, 8vo, pp. vii, 325, illus., \$37.50.

California is the home of many remarkable institutions, and after only twenty-five years in existence the Brain Research Institute of the University of California at Los Angeles qualifies for this epithet. To relate early in its career the way in which it was created, how it has developed, and its multifarious activities, together with accounts of its founders (three of whom are the authors of this admirable survey) and of its staff and their research demonstrates commendable enlightenment. Admittedly, historical perspective is hereby to some extent sacrificed, but, on the other hand, personal aspects of plans, negotiations, research, and aspirations can be recorded by those who have been closely involved with the early years of a thriving centre of excellence. Historians of the future will welcome the details and the intimate biographical sketches, material that may not be available for future commendatory volumes. The wide range of neuroscientific researches carried out at the Institute is especially noteworthy and will be reviewed by others. However, amongst them is a Neuroscience History Program under the guidance of Dr Louise H. Marshall, which is devoted to the history of the neurosciences in America. Its achievements, together with those at UCLA in medical history before the BRI was established and due to the enthusiasm and scholarship of Professors Magoun and C.D. O'Malley, Dr M.A.B. Brazier, and others are impressive.

It is of interest to note that the only other comparable enterprise was not begun until 1984, due in this case to the inspiration and efforts of Oxford's Waynflete Professor of Physiology, Colin Bakemore. As far as the history of the neurosciences is concerned, our American colleagues have provided us with a stimulating challenge.

Edwin Clarke
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JAMES THOMAS FLEXNER, *An American saga: the story of Helen Thomas and Simon Flexner*, Boston and Toronto, Little, Brown, 1984, 8vo, pp. xviii, 494, illus., \$24.95.

This volume is both less and more than the biography that Simon Flexner wanted his son James to write. It is the story of the lives of Simon Flexner, founding director of the Rockefeller Institute for Medical Research and later doyen of medical science in the United States, and Helen Thomas up to the time they married in 1903. It is also the history of two vastly different families, and what the author sees as the quintessential Americanism of their union. Simon was born in Kentucky to poor German Jewish immigrants, who were less than enthusiastic when in 1890 their son went to Baltimore for the medical training he needed to convert the family's drugstore in Louisville into a pathological laboratory. Helen was a descendant of Maryland's first European settlers, and grew up in an aristocratic Quaker family in which feminism, idealism, and religious fervour were dominant themes. The connecting link was the Johns Hopkins University, where Simon pursued pathology at the medical school that Helen's father helped establish.

Digressive, anecdotal, and sometimes very speculative, this is not a book written primarily for the professional historian, medical or otherwise. Yet even the confirmed pedant is likely to be satisfied by the study's contribution to medical history. The narrative is based principally