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Dominic Malcolm, *Sport, Medicine and Health: The Medicalization of Sport?* (Abingdon and New York: Routledge, 2017), pp. x+212, £105, hardback, ISBN: 978-1-138-82645-8.

The focus of Dominic Malcolm's latest book is on the relationship between sport, medicine and health in modern society. The author examines sports medicine as a specialised branch of medical knowledge addressed to athletes and people in general, involving a wide variety of actors, objectives and activities. He acknowledges the shift in emphasis in everyday physical activity from character building to maintenance of health in the late twentieth century which, along with the intense professionalisation of health care for athletes, is provocatively called the 'medicalization of sport'. The process involves the propensity of elite sport organisations to invest in medical infrastructure as a means to develop athletic ability, thereby increasing sporting success, and also the insistence of governments and physicians on a physically active lifestyle for people to remain healthy.

The two chapters following the introduction lay out the theoretical framework for studying medical intervention in sport from above, drawing mainly from the British context and to some extent examples from western Europe and North America. Expertly analysed and informative as the chapters are, they could have been more comprehensive had the approaches to sports medicine in the developing nations been discussed and the rich historiography of sports medicine in French and German referred to. The next three chapters investigate the impact of the medicalisation process on people in general. These study the promotion of physical activity as a preventive measure against illness ('exercise is medicine'), perception of the body and exercise, and the success and failure of such policies. Particularly interesting is the author's problematising of sport-related injuries, which has been seen to deter people from activities, and to elicit an unsympathetic response from general physicians who think these are avoidable. The public's contradictory attitude to physical activity as both beneficial and a waste of resources come across as a social dilemma that Malcolm addresses in detail. A discussion of physical activity groups such as recreational clubs at universities and gymnasiums at one's workplace could have complicated this narrative of perception further.

The next two chapters explore medical provision in the field of sport, centred on the treatment of sportspersons by doctors and trainers under the supervision of the team management. Beginning with the premise that sports medicine is a form of occupational health care in which the level of medical assistance received by athletes is commensurate with their relative value to their employer, Malcolm inspects the provision of health care to English football and rugby union players and Olympic athletes. He dismisses this premise on the basis of his interviews with athletes and medical personnel, which indicate the absence of such instrumentality in the context of the decentralised sport management system in Britain. Although medical administration is not ad hoc, it is subject to availability of budget and doctors, and what coaches, team owners and government officials perceive as necessary measures. Malcolm thereafter explores the ideology of sports medicine as produced by the vested interests of the team management, sponsors and the media. He convincingly argues that sports medicine is underpinned by much more than cost-benefit analysis, and commercial and medical interest. He contends that themes such as the centrality of patients to practice, the ethics of confidentiality and physician's autonomy must be considered when thinking of how sports medicine is delivered.

The final two chapters examine the implementation of sports medicine by looking at concussion and cardiac screening respectively. These ponder the problem of medical

ethics and the building of knowledge. Testing the agency of interest groups such as sport federation employees, players associations, and providers of medical service in defining concussion, the author charts the politics of how doctors establish authority over diagnosing and treating the ailment. According to him, cardiac screening of athletes juxtaposes the questions of medical surveillance and medical imperialism. For instance, the acceptability of optional screening as in youth football is doubtful since prognosis seems to be problematic and can be contested. The lack of a steadfast regimen, specifically the focus on young people who are at a lower risk of cardiac trouble than middle-aged athletes, raises the concern that the rationale behind cardiac screening could be arbitrary. Both the chapters deliberate the extent to which sports medicine can be a social construction, probing the intersection of several competing agencies such as profit and pleasure that have collectively shaped modern sport.

The book reiterates the importance of studying the contemporary practice of both professional sport and physical exercise through the lens of public health. It refers to a number of topics that could have been developed better. Sports medicine, and the image of athletic fitness, are integral to a number of economic activities; mainly the production of energy drinks and nutrient supplements. A study of the economic drive behind the development of sports medicine would have complicated the story of the marketing of health, particularly in relation to amateur bodybuilding. An assessment of sport psychology as an important element of player management could be an interesting mental health analogue to the analysis of physical health concerns. The author could also have engaged with the implications of medical insurance for elite sport as part of his evaluation of sponsors. The book succeeds in presenting the medicalisation of sport as placed at the intersection of specialised athlete training programmes and public health considerations. It situates the tensions of regulating health through sport and for sport rather well, and reminds us of the salience of fitness as a motor of change at a psychosocial level.

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Daniela Marrone, Linda Luxon and Gaetano Thiene (eds), *English Students of Medicine at the University of Padua during the Renaissance* (Padua: Padova University Press, 2016), pp. 179, €40.00, hardback, ISBN: 978-0-226-46529-6.

The teaching and study of medicine at the *studio* of Padua attracted numerous foreigners during the sixteenth century, due in part to the astounding achievements of its faculty. Padua gained a reputation from the innovations of professors such as Girolamo Fracastoro, Giambattista Da Monte, Girolamo Mercuriale, Girolamo Capodivacca, Vittore Trincavelli, Gabriele Falloppia and Girolamo Fabrici d'Aquapendente, who offered new ways of thinking about anatomy, pathology, diagnostics, pharmacology and clinical treatments. The famous but brief sojourn of Andreas Vesalius at Padua also has left an indelible mark on the history of medicine. These sixteenth-century Paduans created a culture of observation that meshed with the nascent humanistic medicine that applied philological techniques, developed by Angelo Poliziano and Niccolò Leonicensi, first to the Galenic and then the Hippocratic corpus.

While it has long been recognised that Paduan medical studies greatly influenced medical pedagogy and practice well beyond Italy through its notable alumni, the details of these transfers of knowledge are still not fully understood. The essays of this volume