A technological perspective has proved effective for historians trying to bring together the multiple factors and actors involved in medical change. In addition to instruments and machines, the study of medical technologies begs the inclusion of everything from pharmaceuticals over groups of specialists to regulations, economics, and mindsets in the analysis of systems of prevention, surveillance, diagnosis, therapy, and evaluation. Historians of medicine have mainly chosen to focus on the social dimension of change, thus producing a range of studies that firmly establish the relations between health care and research practice and the professional, institutional, and economic context they appear in. The thirteen articles collected by Carsten Timmermann and Julie Anderson, both at the Centre for the History of Science, Technology, and Medicine at the University of Manchester, confirm both the continued appeal and relevance of this focus.

The contributions are divided into three parts. The middle section presents case studies aimed at recounting developments in particular areas of prosthetic, diagnostic, and therapeutic technology, mainly in the post-war period. The chapters in the first and third sections are grouped thematically. The first group explores how sensitivity to the economies of late-nineteenth- and early-twentieth-century medicine can help us understand how new technologies moved between different institutional and organizational settings, both transforming and being transformed by their environment. The last section discusses the often imperfect basis for the evaluation of new technologies and the unintended consequences that new technologies may bring, thus addressing present-day criticism of technical innovations in medicine.

Most articles in the collection are empirically oriented. The editors strike an historiographically peaceful note, informing readers that the contributions are both methodologically and theoretically eclectic, and also pragmatic in relation to questions over technological determinism versus social constructionism that have led to much discussion in earlier studies of technologies and medical innovation. Perhaps this testifies to the increasing conventionality of the technological perspective in the history of medicine. The primary gain of the volume is thus a series of interesting and carefully researched case studies, that may serve as inspiration and guidelines for further explorations.

But the volume also testifies to the lack of attention to materiality in technology studies. In fact, the title of the book is slightly misleading. There is much text and little materiality in the devices under study, and equally little consideration of their morphology or the aesthetics of design. The editors are well aware of this neglect, and they regret not having been able to present chapters that “illustrate the challenge of ‘reading’ non-textual sources”, This challenge is certainly a very real one. The integration of a curatorial interest and interaction with material objects and an historiographical preference for textual sources and narrativity forces scholars to review the methodological and theoretical tools downplayed in Timmermann and Anderson’s volume. But perhaps we should consider that machines and instruments are not just “read” by people working with them, and that the task of historians should not merely be to make devices legible. In the clinic and the laboratory, technical equipment is felt, heard, smelt, and lived with. Considering the ways in which medical technologies and artefacts, taken in a very material sense, impose themselves on people in other ways than narrative and functional, may be a way towards framing a new perspective on how devices and their designs influence the historical development of medicine.

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