**Book Reviews**


At the end of the nineteenth century Charles Creighton wrote a monumental, erudite and still widely cited study of the history of epidemics in Britain. Relying on an exceptionally wide range of primary sources, he chronicled the emergence of the great killing diseases, their gradual replacement by new or hitherto subterranean infections and processes accounting for differentials in mortality and morbidity in town and country. However, in the aftermath of the publication of his great *A history of epidemics in Britain* (1891), the subject entered a kind of twilight zone. Mainstream medical historians concerned themselves with the achievements of the great men of the profession and what then appeared to be the non-problematic emergence of the major twentieth-century sub-specialisms. Demographic studies, reaching a new level of maturity with the mid-century and paradigm-busting work of Thomas McKeown, grappled with the processes underlying the “modern rise of population”. Only with the publication of William McNeill’s erudite but flawed overview of *Plagues and peoples* in 1976 and Emmanuel Le Roy Ladurie’s astonishingly original article on the unification of the microbiological world which appeared in English in 1981, did scholars once again begin to engage with the larger epidemiological picture. Thereafter, writers as diverse as Fernand Braudel, Charles Rosenberg and Alfred Crosby made substantial contributions to a genuinely non-anecdotal study of disease in history.

There has long been a need for a single-volume overview of the epidemiological history of America. Gerald Grob covers an immense field—the indigenous reaction to hitherto unknown European infections, the colonial period, the era of the young republic, embryonic urban-industrialism, and the complex socio-medical problems which confront the nation in the new millennium. A cursory glance at the endnotes to *The deadly truth* confirms that the author has read and absorbed nearly everything of value in what has developed into a heavily documented and intimidatingly interdisciplinary field. In addition to this large secondary literature, Grob has made exemplary use of official and unofficial reports, journals, diaries, poetry and fiction. Some of the contemporary accounts reproduced here of the massive depredations of smallpox—and measles—among uncomprehending indigenous populations from a wide range of ethnic backgrounds are terrifyingly vivid. Moving from the pre-Columbian era to early twenty-first-century prognostication based on the imminent discovery of a genetic super-bullet, the author adopts a consistently sceptical attitude towards the claims of modern medicine. Here his arguments have something in common with the classic work of McKeown, though not, it should be noted, with the wilder iatrogenic shores of Ivan Illich’s *Medical nemesis*. *The deadly truth* presents the epidemiological universe as inherently random. Changes in environment, culture, and the autonomous micro-organic world itself repeatedly ensure that each waning epidemic threat is replaced by another and equally heavily politically and morally loaded crisis.

Grob is particularly revealing on the regionally specific process of accommodation—which the early colonists aptly termed “seasoning”—to alien infection. His synopsis of the quality of life during the teething-period of early American urban-industrialism complements and confirms the broadly pessimistic conclusions of recent anthropometric scholarship. Following a chapter on the now much debated early-twentieth-century discovery of chronic illness, Grob insists that there can only rarely be absolute medical “victory”. Indeed, *The deadly truth* ends with a dystopian vision of mid-twenty-first-century America as an epidemiologically unstable society. The affluent and ethnically privileged will enjoy continuing improvements in life expectancy but also form the core of what could
develop into an economically under-achieving “disability society”. According to Grob, the search for the magic bullet is misguided and futile, not least since the great majority of fatal and debilitating conditions that continue to afflict contemporary America have their origins in complexes of genetic interaction rather than the behaviour of a single gene. Biologists and medical scientists have pieced together the road-map and located the signposts. However, they are still only rarely able to direct drivers from one place to another.

The only detectable weakness in Grob’s exemplary overview of the state of the nation’s health in the contemporary world is a failure to devote sufficient space to the massive scale of death and injury on America’s roads. Otherwise, this is a comprehensive, wise and timely survey which effortlessly moves from state to state, hamlet to city and past to present. It certainly deserves an unusually wide readership. As for specialists, they will long be in Gerald Grob’s debt for having so assiduously trawled an ever-expanding secondary literature.

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Of all the projects launched at the inception of the Wellcome Institute for the History of Medicine, none, arguably, was more successful than the social history of madness and psychiatry. I still recall the excitement with which our generation greeted the three volumes of *Anatomy of madness* and Roy Porter’s monographs, *Mind-forg’d manacles* and *A social history of madness*. Many built upon those pioneering contributions until the field of psychiatric history became so densely cultivated that newcomers as well as some old hands were in danger of losing their way. One yearned for a handy overview incorporating the new orientations, providing the essential information, but leaving out the detail and the jargon.

The late Roy Porter provided precisely that with one of his last and shortest books. This elegantly designed volume is not just the short guide to the history of madness we and our students have long needed but also, implicitly, a summing-up of the project which Porter and his colleagues had initiated more than two decades ago in London. “In such a short book, I have focused”, Porter explains, “on a few core questions: who has been identified as mad? What has been thought to cause their condition? And, what action has been taken to cure or secure them?” (p. 9). In its 200-odd compact pages, the book explores these questions with great learning and brio. Beginning with pre-modern attributions of insanity to “gods and demons”, Porter guides us through the complexities of Renaissance and Enlightenment medical speculations and their cultural contexts, not forgetting to illuminate relevant historiographic debates—that over Foucault’s claims on the beginning of institutionalization, for instance. The most admirable thing about the book is the way it balances multiple themes. Nineteenth-century asylum-building is highlighted, but not at the expense of nineteenth-century efforts to explain mental disorders as brain disorders. The twentieth century, the so-called “psychiatric century” and, of course, the century of psychoanalysis, receives detailed attention, but the current intellectual and cultural status of psychiatry are not left unexamined. Porter is always urbane but never bland. The account of America’s mid-twentieth-century lobotomy craze, for instance, appreciates all the pressures that psychiatry was under at the time but still exudes righteous indignation. Modern “cosmetic” psychopharmacology, again, is explored with considerable sympathy but the sheer pathos of our quest for chemical bliss is not obscured. Obviously, doctors, their theories and their practices, feature prominently in the book but Porter reserves some of his most deeply-felt passages for the opinions and experiences of mad people themselves.

It is remarkable how much information is packed into the pages of this tiny volume: sentences sum up entire episodes, parenthetical remarks sketch world-views, and even the