

## Book Reviews

Mexicans required the stimulus of the influenza epidemic of 1918 before they established a state board of health. He describes the efforts to eradicate malaria between 1923 and 1947, and the contemporaneous success in reducing high infant and maternal death rates. After analysing changes in physician supply and distribution since statehood, Spidle concludes with an analysis of the growth of board-certified specialists after 1940, a summary of the influence of the Lovelace Clinic, and brief profiles of the three dominant institutions during the last twenty-five years: the University of New Mexico School of Medicine (founded 1964), the New Mexico Medical Society, and the New Mexico Board of Medical Examiners.

The second book is a more detailed analysis of the Lovelace Medical Center. Ten years after statehood, William Randolph Lovelace and Edgar T. Lassetter became formal partners in a general medical practice in Albuquerque. By the late 1920s, their partnership was generally known as the Lovelace Clinic, and they decided to develop a group practice modelled on the Mayo Clinic. There were twelve doctors in the group by 1941; four more by 1947 including a nephew, Randy Lovelace, who had achieved national renown as a pioneer in aerospace medicine.

Spidle discusses the incorporation of the Lovelace Foundation for Medical Education and Research in 1947 and the numerous research projects, especially in aerospace medicine, supported by the Foundation during the 1950s and early 1960s. In 1958 and 1959, the Lovelace Foundation and Clinic acquired considerable notoriety as the site for the medical evaluation of the seven astronauts who participated in Project Mercury, America's first manned spacecraft mission. The number of physician specialists at the Clinic grew from twenty-three in 1950 to seventy-five in 1965, and research expenditures expanded from \$13,000 in 1950 to \$3,445,000 in 1965, the year of Randy Lovelace's death in a private plane crash.

The last two decades of growth and change at the Lovelace Medical Center have included the establishment of the Inhalation Toxicology Research Institute and clinical research projects that now involve some 25 million dollars annually; an array of medical education programs, many with the University of New Mexico's School of Medicine; the emergence of the Lovelace Health Plan, one of the earliest and largest health maintenance organizations in the Southwestern United States; and transformative affiliations with the Hospital Corporation of America (1984) and the Equitable Life Assurance Society of the United States (1986).

With only occasional lapses into fulsomeness, Spidle has accomplished his objectives of honouring The Lovelace Medical Center and situating its history within local and national contexts.

The University of New Mexico Press should receive gold stars for the superb design of these books. The tables, maps, and photographs are engagingly aligned with the text, and the presence of notes at the bottom of each page is an exquisite joy for readers who want them.

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**BARBARA BROOKES**, *Abortion in England 1900–1967*, The Wellcome Institute Series in the History of Medicine, London, New York, and Sydney, Croom Helm, 1988, 8vo, pp. vi, 195, £27.50.

The abortion debate that began in the 1960s has been surveyed extensively; there also exist a number of studies of nineteenth-century attitudes towards inducement of miscarriage. Knowing the beginning and the ending of the story we now can turn to Barbara Brookes's study for the essential middle portion. The author's thesis, which is amply demonstrated, is that in the first half of the twentieth century abortion was transformed from a female-controlled form of fertility control into a medically-dominated surgical procedure.

Brookes argues that working-class women, faced with the economic necessity of limiting family size and not having access to contraceptives, long accepted abortion as a necessary form of fertility control. Ironically, the growing respectability of contraception in the early twentieth century was won, in part, by defenders of birth control attacking recourse to abortion. And birth

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controllers were not alone in seeking to end such traditional ideas and practices. Women were informed by magistrates and medical men that life did exist before quickening and that any interference—not that just carried out by a third party with a sharp instrument—could be described as an attempt at abortion.

But by the 1920s lawyers and doctors were expressing their own unhappiness with the 1861 law on abortion. The statute was obviously an embarrassment to the police who recognized that abortion was largely condoned and prosecutions unpopular. Eugenically-minded judges in the 1930s wondered aloud why impoverished mothers should be punished for seeking to avoid the birth of unhealthy children. And doctors—who for the most part believed that abortion was “wrong” but sometimes “necessary”—worry that their freedom to provide or withhold therapeutic abortions would be jeopardized if they were subjected to the dictates of either their patients or the courts. It was in this context that feminists began the long march toward the liberalization of the abortion statute with the creation, in 1936, of the Abortion Law Reform Association.

This book is a mine of interesting information. Although the treatment in separate chapters of legal, medical, and feminist responses to abortion leads to a certain amount of repetition and occasional chronological vagueness, the reader cannot miss the essential point that women demonstrated enormous tenacity in taking whatever measures were necessary to control their fertility. More could perhaps have been said of the changing types of women who had recourse to abortion, and their attitudes towards the activists in the ALRA. The author's sympathies obviously lie with the organization's best known activists, Stella Browne and Dora Russell, and it is accordingly disappointing that there was not space in this slim book to say more about them. Would they have been pleased, one wonders, with the 1967 Steele Bill which liberalized abortion, but placed the process firmly in the hands of the medical profession? The line of argument advanced in this study implies that the feminists lost and the doctors won. What is not made clear is what other solutions were or might have been envisaged.

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JACQUES ANDRÉ, *Être médecin à Rome*, Realia series, Paris, Les Belles Lettres, 1987, 8vo, pp. 184, illus., 90.00 fr., (paperback); JUKKA KORPELA, *Das Medizinpersonal im antiken Rom, eine sozialgeschichtliche Untersuchung*, *Annales academiae scientiarum Fennicae* 45, Helsinki, Finnish Academy of Sciences, 1987, 8vo, pp. 235, [no price stated], (paperback).

What was Roman medicine? The ambiguities in this apparently simple question are well revealed in these two contrasting books. For Dr Korpela, it is the medicine practised in Classical and Early Christian Antiquity within the City of Rome itself. Although he is forced occasionally to turn his gaze further afield, his interests are firmly focused on the city itself. Even its port of Ostia is excluded when Korpela draws up his list of 315 practitioners assumed to have practised within the city limits. Professor André takes the more traditional line that Roman medicine is what was in fashion in Italy from the second century BC onwards. Yet this interpretation leaves out much of the medical life of Italy, that in existence in Etruria, among the Marsi or in such Greek cities as Elea and Tarentum, in favour of a reconstruction based on such major Latin sources as Pliny, Celsus, and Scribonius Largus. But Largus himself represents the problem of definition: bilingual in Greek and Latin, he at least studied in Sicily, and later was connected with the court of the Emperor Claudius, directly or indirectly. He even came to Britain in AD 43 with the Roman invaders. In what ways can he be classified as a Roman physician?

Professor André's answer to this question is an elegant and readable synthesis. He is rightly sceptical about stories of the first “doctors” to come to Rome, as well as about attempts to assess the acceptability of doctors in general from literary evidence. As befits an editor of Pliny, he relies more on the Latin than on the Greek sources, and Galen and Soranus get less than their due. Factual errors are few, although not everyone will agree with his belief in a “Port doctor” (p.109) if they have read Louis Robert's alternative explanation for the curious Latin of the relevant law. But, in general this is a valuable introduction to a far from easy topic.