

must give Freud the benefit of the doubt—and extend this seemingly temporary charitable act indefinitely” (p. 112). One may well ask whether such charity is to be considered the hallmark of any good reading, or, if not, why it is only Freud to whom it is due, as often appears to be the case.

In conclusion, anyone interested in the history of psychoanalysis and the cultural location of psychoanalysis today is likely to find these essays stimulating, engaging and inviting of dialogue.

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Howard I Kushner, *A cursing brain? The histories of Tourette syndrome*, Cambridge, MA, and London, Harvard University Press, 1999, pp. xiii, 303, illus., £18.50 (0-674-18022-4).

To come right to the point, Howard Kushner has written a masterful history of the disorder known as Tourette syndrome. It is a fine contribution to the history of medicine, a cautionary tale for anyone embarking on the history of a syndrome or a disease, and a very good read. And it is a book about far more than just the history of Tourette syndrome.

At the roots of this study is yet another version of the time-honoured tensions and conflicts between those who favour the somatic explanatory tradition and those who favour the psychological explanatory tradition. As has all too often been the case, each of these explanatory traditions can deteriorate into convictions and dogmatic assertions that either organic etiology or psychological etiology has been proven, without definitive evidence in either case. Both such outcomes are to be found in this one story. “The rise and fall of each

successive explanation for and treatment of Tourette syndrome has been as much a study of the power of beliefs of a professional faction as it has been a vindication of either rigorous scientific testing or carefully analyzed clinical results” (p. 219).

The syndrome under discussion first came to public medical attention in Paris in 1825 with the publication by Jean Marc Gaspard Itard of the case of the Marquise de Dampierre who would suddenly erupt in a startling fit of obscene shouts and curses. Then, in 1885, the Parisian neurologist Georges Gilles de la Tourette used this case as his first and prototypical example in describing the illness that he termed “maladie des tics”. And today Tourette’s syndrome is the common name for a set of behaviours that includes recurrent ticcing and involuntary shouting (sometimes cursing) as well as obsessive–compulsive actions.

Beginning in the nineteenth century, this ailment was claimed by the psychogenic explainers as surely an excellent example of their convictions, with the psychoanalysts taking a central role for several decades after 1920. The somatogenic explainers were never absent from the scene, from early theories that such disorders were post-infection sequelae (strengthened following the 1919 influenza epidemic) to a family of theories derived from modern neuroscience.

Throughout these years of argumentation, therapeutic interventions came and went. Psychological treatments were vigorously espoused, though, on balance, without much in the way of favourable results. A wide variety of somatic treatments did not fare much better, despite recurrent favourable reports, until haloperidol was shown to be an effective intervention for controlling the tics. Soon, though, it was being claimed that these results proved an organic etiology for the syndrome—once again, a priori beliefs took precedence over evidence. But more sober-minded investigators claimed only that “dopamine antagonists [such as haloperidol] . . . could, in many cases, control symptoms, albeit

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sometimes with intolerable side effects” (p. 193). Neuroscientists at work on the question had brought forward various suggestions that the basic problem was likely to be in the dopamine neurotransmitter system. And this eventually resulted in evidence that suggested that the dopamine effect being observed was due to a hypersensitivity of the dopamine receptors in the basal ganglia rather than to excessive production or transmission of dopamine.

And there are other interesting themes here. For one, this disorder has served as an arena for arguments about free will versus biological determinism: did a patient have any choice in the matter of ticcing or cursing, or was the behaviour involuntary? Another was the recurrent indication that a patient was not being listened to or was being heard only through the filter of the medical biases of the moment.

Then there was another whole story in its own right: the emergence of the Tourette Syndrome Association and related organizations. Beginning in the 1970s, these organizations of patients, families, and interested others worked to provide support to sufferers and their families, organized publicity, provided information, undertook fund-raising, and supported research. They were a vital, catalytic force in the recent history of this disorder.

In conclusion, Howard Kushner has done a fine job of meshing the concerns of the social historian with the internal history of a medical condition. He has nicely integrated the data from medical knowledge with that from patients' experiences and that from sociocultural influences. In the process, he has implicitly illustrated the value of a historian troubling himself or herself to acquire a good grasp of the medical materials germane to the topic under historical investigation. This is a singularly valuable book.

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Gertrude Jacinta Fraser, *African American midwifery in the South: dialogues of birth, race, and memory*, Cambridge, MA, Harvard University Press, 1998, pp. x, 278, £24.95, \$39.95 (0-674-00852-9).

The “midwife problem” preoccupied public health reformers in the early twentieth-century American South. Home births attended by midwives—apprenticed-trained, often illiterate, and mostly black—were the norm for impoverished southern women. Reformers attributed high maternal and infant mortality rates to the social and economic barriers that kept these women from delivering in modern, sanitary hospitals under the physician's guidance. Unable to approach this ideal in the 1930s, southern public health officials compromised by creating mandatory midwife training and certification programmes. Midwives learned to treat newborns' eyes to prevent blindness, and to fill out birth certificates properly. Official training curriculums stressed cleanliness, including of the birthing surface, the midwife's clothing, and the scissors used to cut the cord. Herbal and magical interventions were forbidden, as was the performance of vaginal examinations. In the face of these requirements many midwives ceased to practice, and the occupation fell off among the younger generation. Whereas a majority of southern babies were born in the presence of a midwife during the 1930s, she was a rare childbirth presence thirty years later.

Gertrude Jacinta Fraser approaches this subject with the eyes of an anthropologist. After choosing a county in southern Virginia as her field of research, she interviewed African Americans there during the mid-1980s. Fraser admits that she hoped and expected “to hear strong praise for midwives and denunciation of the forces that pushed them to the margins”, an ambition that “sometimes threatened to get in the way of the stories that informants wanted to tell” (p. 262).