defend the conclusion’s important points.
I suspect, however, that this problem arises from
the fact that an over 300-page argument—this is
a revised doctoral dissertation—was forced into
a 200-page book. On balance, Nervous condi-
tions warrants consideration, and will appeal to
scholars interested in historiography and
cultural history, as well as those interested in the
neurosciences and psychology.

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M Anne Crowther and Marguerite W
Dupree, Medical lives in the age of surgical
revolution, Cambridge Studies in Population,
Economy and Society in Past Time 43,
Cambridge University Press, 2007, pp. xvi, 425,
illus., £65.00, $120.00 (hardback 978-0-521-
83548-9).

The core element of this book is an impressive
collective biography of the mid-Victorian
medical profession, based on a cohort study of
1,938 medical students who first matriculated at
Glasgow University between 1866 and 1874,
and Edinburgh University (1870-4). Almost
1,300 (1,288) went on to qualify as doctors and
their careers form the basis of this study. The
two universities trained approximately one in
five of all medical students at this time and the
authors’ conclusions have currency far beyond
the Scottish setting.
The determining factor underpinning the
study was the presence of Joseph Lister as
professor of surgery at Glasgow (1860–9) and at
Edinburgh (1870–7), and the shared experience
as “Listerians” underpins much of the book; the
title reflects the crucial importance of surgery in
the evolution of medicine in the half century
encompassed by the introduction of antiseptic
surgery and its revival during the First World
War, where aseptic conditions proved difficult
to achieve in field conditions.
The first four chapters detail the students’ ori-
gins and arrival at the respective medical schools,
their shared experiences, the impact of Lister’s
teaching, and their first five years in practice.
The second half of the book examines the later
stages of their careers and the growth of speci-
alism, ‘Listerism in practice’ (with sub-headings
entitled ‘Domestic and private surgery’, ‘The
decision to operate’, ‘Adapting Lister’, and
‘Keeping abreast’) and the presence of Lister’s
men abroad, as settlers in the white dominions and
as imperial employees or Christian missionaries.
The final chapter charts the cohort’s continuing
presence in the twentieth century and a prelimi-
inary appraisal of the financial status of the
group in retirement and at death.

Sandwiched between these two sections is a
chapter on the small band of women who began
medical study at Edinburgh in the late 1860s at the
behest of Sophia Jex-Blake. Lister was staunchly
opposed to the concept of women practitioners
and refused to teach them, and the sections on
women doctors sit uneasily. Women were gen-
erally excluded from surgery in this period and
attempts to integrate them into the story are
unconvincing. The reference to Lister and Jex-
Blake, both dying in 1912, appears as little more
than a contrivance to try and justify their presence
in a tale to which they do not belong.

That aside, this is a richly textured work, with
detailed case histories of individuals to sup-
plement the quantitative analyses which lie at
the heart of the text. Numerous tables and sta-
tistics enable the authors to question old
assumptions about the nature of the Scottish
medical profession, such as the belief that Scots
were driven abroad by poverty, and to supply
hard evidence of the differences between
parochial Glasgow and more cosmopolitan
Edinburgh.

Almost a quarter of the cohort settled overseas
and the two chapters on this topic show an
admirable grasp of medical developments in
several countries, although the under-developed
state of Antipodean medical history leads to some
questionable claims. The statement that “few
colonial doctors could afford to give up general
practice, although they might also have more
than one speciality” (p. 376) does not accord with
nineteenth-century New Zealand, where
specialist practice, other than ophthalmology,
was virtually unknown. The suggestion that
New Zealand’s Inspector General of Hospitals,
Dr Duncan MacGregor, was well placed to influence surgical practice is also off the mark. MacGregor was originally brought to the colony as professor of mental and moral philosophy and his principal interest was in curbing welfare dependency. The authors state “[w]ho knows whether the emigrants dreamed of returning home?” (p. 271), but many returned more than once to the UK for further education, to visit family, or to seek medical attention.

I also have reservations about the methodology. The desire to start with a neat sample of 1,000 students from each university means that 64 per cent of the Glasgow cohort were not Lister’s men at all, since he left the city before they began study. The 1866 start date also excludes some 1860s Glasgow graduates, such as Rutherford Ryley (New Zealand) and Archibald Malloch (Canada), who were among the first to use Listerian techniques in the colonies. Capturing addresses only every five years, and an over-dependence on the unreliable Medical Directory, also introduces doubts about the accuracy of the core data.

With such a large cast, the failure properly to introduce some characters (for example, Scot Skirving who is referred to on several occasions) is understandable. One startling omission from the list of students who became eminent surgeons is that of William Macewen, who does not even feature in the index—which is deficient in many regards—although he is mentioned in passing on pp.120, 200 and 119, where he is named as one of those who “who made their names without his [Lister’s] assistance”. Yet Macewen himself, who filled the Glasgow chair of surgery, claimed in 1923 that he had encouraged Lister at a time when the latter doubted the way forward.

Eyebrows will also be raised at the attempt to link Lister and David Livingstone as “the two great medical heroes of the Victorian period” (pp. 101, 121). Livingstone’s reputation was built on his role as an explorer and exponent of commerce and Christianity, and no obituary appeared in any of the medical journals when he died in 1873.

Despite these caveats, the authors have succeeded admirably in their aim “that a computer-aided analysis of a large cohort of medical students would offer insights into the experiences of the profession different from more selective sources” (p. 372).

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Anne Borsay and Peter Shapely (eds), Medicine, charity and mutual aid: the consumption of health and welfare in Britain, c.1550–1950, Historical Urban Studies, Aldershot and Burlington, VT, Ashgate, 2007, pp. x, 269, £60.00, $99.95 (hardback 978-0-7546-5148-2).

The principal purpose of the book is to focus on the consumption of medical and social care, charitable assistance, poor relief and mutual aid—specifically to try to give a voice to the users of such services. These twelve case studies form rather a rag-bag of a collection—with broad overviews of educational provision for deaf children sitting alongside accounts of cathedral almshens; kinship in early modern England; the impact of the enclosure movement on the poor’s allotment rights; a nineteenth-century private mental health sanatorium, and the Co-operative Men’s Guild’s preoccupation with social activities in the early twentieth century (to name the most unusual themes). The chapters are arranged in a broad chronological fashion following a brief introductory discussion on potential linking themes, especially those of trust, voices and negotiated relationships. Very few people, apart probably from reviewers, will read this book from cover to cover. Those that do not will miss some striking similarities and discontinuities, which the editors leave readers to discover for themselves.

Yet by consciously looking for the patient/client voice, it is possible usefully to balance some of the more traditional institutional and professional histories. Stuart Hogarth exploits one of the best examples of nineteenth-century patient autobiography—that of Joseph Townend at the Manchester Infirmary in 1827. This chapter is a joy to read, and with his fine analysis