Book Reviews

Medicine Press, 2002, pp. x, 246, illus. £20.00 (paperback 1-85315-469-5).

This volume, edited by an orthopaedic surgeon, contains contributions from fellow surgeons as well as practitioners of neighbouring fields such as radiology and engineering. The chapters are organized into four sections: after a survey chapter on orthopaedic surgery from the eighteenth to the twentieth century, section one on ‘Major advances in the twentieth century’ deals with arthroplasty of the hip and the knee, arthroscopic surgery and orthopaedic trauma. The second section, entitled ‘The scientific background’, contains chapters on biomechanics, biomaterials, and orthopaedic radiology, whereas the third section under the title ‘Fragmentation of orthopaedic surgery’ covers various specialized subfields, such as hand and spine surgery. The last section consists of only one chapter, ‘Orthopaedics in 2050’, and is devoted to the field’s future.

The editor and authors have clearly spent a lot of time and energy on this book, their specialized knowledge and experience being an invaluable resource. The amount of material accumulated is daunting, the degree of medical expertise used to evaluate it impressive. Medical historians who are interested in the technical aspects of orthopaedic surgery will thus be delighted to find so many useful leads collected in one place.

However, doctors are not historians and one should not expect this book to meet the standards of professional historical practice. Problems arise when the authors depart from their fields of expertise and turn to more general historical subjects. This is most obvious in the survey chapter, which contains a number of factual errors and historical misjudgements. Thus, the importance of Lister’s work does not really lie in the application of Pasteur’s discoveries, nor was Johannes Müller the founder of scientific medicine in Germany. In both instances it is easy to see how the misconceptions came about and how they could have been prevented by a conversation with a medical historian. Similarly, consultation of an expert in medical history could have steered the authors away from their reliance on encyclopaedia articles and general textbook chapters toward relevant literature on the subject.

To mention one example, Roger Cooter’s seminal work on Surgery and society in peace and war: orthopaedics and the organization of modern medicine, 1880–1948 (Basingstoke, 1993) is not quoted anywhere in the volume.

The evolution of orthopaedic surgery shows the degree to which historians and medical practitioners live in different intellectual worlds. Like most medical practitioners, the authors of this volume assess past events according to present standards. This is what scientists and doctors usually do in the introductory section of their scientific articles. There they comment on previous work, evaluating it as to its strengths and weaknesses in order to create a suitable context for presenting their own work. It is in this sense, then, that books like the present one are best understood.

Such contributions by medical practitioners are certainly useful and deserve to be praised: on the factual level, they offer a lot of information to the historian. Moreover, they provide a source for understanding practitioners’ aims and objectives. However, as long as the agendas differ so much between historians and doctors, and as long as there is so little co-operation between them, volumes like this one cannot be seen as a meaningful contribution to the critical analysis of past developments that historians of medicine are striving for.

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This volume derives, for the most part, from papers given at the Society for the Social History of Medicine’s annual conference in 1998. It consists of an ‘Introduction’, by the editor Steve Sturdy, and a further thirteen chapters. The latter are grouped together in three parts. The first
of these is ‘Public-private interactions’, with chapters by Margaret Pelling (on the College of Physicians in early modern London); Pamela Gilbert (on public medicine in private spaces); and Andrew Morrice (on medical secrecy in early-twentieth-century Britain). Next comes a section on ‘Voluntary institutions and the public sphere’ with contributions by Adrian Wilson (on the Birmingham General Hospital in the late eighteenth century); Elaine Thomson (on medical women and moral hygiene at the Edinburgh Hospital for Women and Children); Martin Gorsky, Martin Powell and John Mohan (on voluntary hospitals prior to the NHS); and David Cantor (on medicine, charity and emotion in twentieth-century Britain). Finally, we have a group of six chapters under the general heading ‘The state and the public sphere’, consisting of essays by Deborah Brunton (on responses to public health in the Scottish city); Christopher Hamlin (on the concept of “nuisances”); Logie Barrow (on stationary vaccination in nineteenth-century England and Wales); Bill Luckin (on public health in nineteenth-century London); Sturdy (on official policy on personal health care in the Edwardian era); and, finally, Naomi Pfeffer (on the regulation of abortion in the twentieth century). As will be evident simply from this listing, here we have a wide range of essays covering a wide range of topics and spanning a relatively wide chronological period, an indication that this is—like many edited volumes and especially those deriving from conferences—a work to be dipped into rather than necessarily read from cover to cover.

None the less, there is a common underlying theme to all these pieces to which the contributors, usually successfully, manage to adhere, or at least acknowledge. This underlying theme, clearly laid out in Sturdy’s authoritative and intellectually wide-ranging introduction, is an engagement with the concept of the “public sphere” as articulated by, in the first instance, Jürgen Habermas. As Sturdy points out, in an era of the transfer of formerly public services into private hands, of state surveillance, and of global corporate power, questions about “the structure and function of the public sphere have never been more pressing” (p. 1). However, and again as Sturdy rightly points out, while historians in general have addressed this challenge “[r]emarkably little has been contributed to this endeavour by historians of medicine” (p. 1). Clearly, then, this is an historiographical omission that the volume and its authors seek to begin to correct. In addition, at least as far as Sturdy is concerned, the ideas of Habermas are not to be taken uncritically, and he emphasizes that the essays consciously move beyond the role of discourse in shaping the public sphere to focus on the role of institutions and institutional behaviour—a strategy which is evident even in the brief listing of the subject-matter of the chapters given above.

How successful is this? Although there are always reservations to be made about the coherence of edited volumes, the answer here has to be that both editor and contributors have engaged thoughtfully and fruitfully with (and this is a shorthand) an “institutional” approach to the shaping of the “public sphere”. Indeed, one of the most stimulating aspects of this volume is how the authors have in many cases employed familiar material and given it a new slant whether it be voluntary hospitals, the Royal College of Physicians, or London’s nineteenth-century pollution problems. Indeed it is not often that a reviewer can recommend a work of this type with few reservations, but Medicine, health and the public sphere is a work that does genuinely set an agenda and that should become a reference point for future scholarship. It is also a work which reminds us, as Sturdy passionately suggests, that historical study should underpin our understanding of the present and of future policy options; and of the need for engagement with issues which shape our collective and individual lives, and not least in the sphere of medicine and health care provision.

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Waltraud Ernst (ed.), Plural medicine, tradition and modernity, 1800–2000, Routledge Studies in the Social History of Medicine,