

Baltimore, and so letter writing ceases for three years as he and Sigerist were side-by-side. After this, the correspondence is sometimes quite spicy, although this reader longs to know what is in the protected information censored in the letters as [XXX]. Various lasting and ephemeral historians of medicine pop in and out: Gregory Zilboorg, Owsei Temkin, George Rosen, Victor Robinson, Richard Shryock, for example. Various German authors are identified by Ackerknecht as former Nazi sympathisers. Much light is shed on publishing medical history in these years. Apart from a slightly inconsistent and, for me at times, insufficiently informative footnoting, this volume is a most-welcome, carefully edited, searchlight on a discipline, and indeed a much wider world.

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Isabel Gillard, *Circe's Island: A Young Woman's Memories of Tuberculosis Treatment in the 1950s* (Glasgow: Unbound Press, 2010), pp. 140, £7.99, paperback, ISBN: 978-0-9558360-5-3.

Isabel Gillard was twenty and a literature student at Edinburgh University when, in 1950, she was hospitalised for over a year in the city's Royal Victoria Hospital for Tuberculosis. This is her personal recollection of that time which she describes as 'a determined hanging on, a waiting for an upturn in fortune.'

By the early 1950s, tuberculosis in the Western world was theoretically coming under control. Drug treatments such as streptomycin, PAS (para-aminosalicylic acid), and isoniazid were widely available, although TB specialists were slow to relinquish the unpleasant 'technical' procedures that kept patients incarcerated in sanatoria and specialist hospitals – artificial pneumothorax, phrenic nerve crush, lobectomy, and thoracoplasty; 'in the case of thoracoplasty operations, a general

anaesthetic was not always suitable and this meant that the still-conscious patient could hear pieces of his or her own ribs being thrown into an enamel bucket under the operating table' (p. 60). Like many people with tuberculosis, Isabel experienced extremes of kindness and cruelty in an environment designed to bully patients into obedience and acceptance of a restricted life beyond the sanatorium walls. To this end, a certain Dr E was fond of telling the young girls that although they might look like rosy apples on the outside they were, nevertheless, rotten to the core. It is fortunate that youth is invariably optimistic, but from my own work with TB survivors, the wounded carry these poisoned barbs like shrapnel, into old age.

This, then, is a multi-layered tale set in a marginalised community – a tale of personalities; friends made and lost; freezing, snow-covered beds in the name of 'fresh air' treatment; balmy nights in three-sided wooden chalets under September stars; eggs boiled in jugs beneath running bath water; separation from lovers and children; interrupted education; tears, fears, pain and the inevitable merry-go-round of emotions associated with check-ups, X-rays, blood tests and bronchoscopies. Isabel and her ward companions were undoubtedly luckier than most British sanatorium patients in being confined in the Royal Victoria Hospital, a pioneering institution founded at the turn of the twentieth century by Sir Robert Philip (1857–1939) who was studying in Koch's Vienna laboratory at the time the TB bacillus was discovered. The 'Edinburgh System' was adopted by local authorities in the UK when, in 1911, they took over responsibility for the treatment of tuberculosis. But if some new treatment for TB appeared in the media, Philip (who became Professor of Tuberculosis at Edinburgh University in 1919) always claimed that he was already using it in Edinburgh. As Isabel was returning to her university studies, (Sir) John Crofton (1912–2009), who has written a foreword and appendix to this book, was succeeding to the Edinburgh chair of tuberculosis. It was Crofton and his colleagues

who devised the triple therapy – streptomycin, PAS and isoniazid – that became the gold standard of tuberculosis treatment, reducing the increasing incidence of TB by fifty-nine per cent within three years.

Memoirs like this are extremely important for welding the patient experience to the history of a disease. That many such testimonies are disturbing should not surprise us since many ex-TB patients have been disturbed, both by medical and social treatments. Isabel Gillard is reflective, even self-indulgent at times, but you forgive her because she teetered back from the brink and has survived in good health for sixty years. Nevertheless, as a critical reviewer I was irked by a reference to Lady Mary Wortley Montague introducing *cowpox* vaccine into Britain (p. 72), and I was confused by the story of John, a fellow patient who had donated a kidney (c.1950) to his consumptive older brother (p. 65). The first kidney transplant in the UK was, indeed, carried out in Edinburgh, but this was in 1960, between twin brothers.

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Linda Bryder, Flurin Condrau and Michael Worboys (eds), *Tuberculosis Then and Now: Perspectives on the History of an Infectious Disease*, McGill-Queen's/Associated Medical Services Studies in the History of Medicine, Health, and Society, No. 35, (Montreal: McGill-Queen's University Press, 2010), pp. viii + 243, \$29.95, paperback, ISBN: 978-0-7735-3601-2.

This collection comprises ten chapters of scholarly perspectives on the history of tuberculosis. Edited by Linda Bryder, Flurin Condrau and Michael Worboys, it sets out to develop the perspectives of past writers regarding tuberculosis by reviewing the experiences of patients, the public and activists regarding the illness and its treatment. The opening chapter, by the editors, begins

with an overview of the historiography of tuberculosis' history.

In the following chapters, Tim Boon explores illness narratives via the medium of tuberculosis films. These, he contends, are a valuable narrative source, as generally, stories told by individuals are randomly scattered throughout records and oral history is collected 'convenient to the time of telling rather than to the time described'. Boon illustrates how concepts of tuberculosis in the past were storied and considers how the public may have received these.

Flurin Condrau provides a detailed study of methodological issues in the history of medical institutions. He challenges the concept of sanatoria as 'total institutions' and examines, in particular, the writing of Erving Goffman on stigma. John Welshman offers analysis of post-war immigration policies comparing Irish and South Asian immigrants and the continuity of racial stereotypes. He explores three approaches – essentialist, structural, and racial – to explain the allegedly higher incidence of tuberculosis amongst immigrants during this period. Michael Worboys examines the explanations given by British doctors about the decline in tuberculosis mortality before Thomas McKeown's work was published in the early 1950s.

Jorge Molero-Mesa studies anti-tuberculosis policies in Restoration Spain, and the politicisation of health-related aspects of working-class lives between the 1870s and 1930s. Anti-tuberculosis movements wanted money spent on establishing dispensaries. Socialist organisations instead favoured improved wages and conditions. Peter Atkins analyses the slow progress of policy on bovine tuberculosis, 1900–39, and the tension between the farming industry and consumer causes. Helen Valier's chapter examines the collaborative antibiotics trials in India in the 1950s and 1960s. She considers the trial complications for doctors and scientists confronted with bacterial resistance and patient compliance. She also explores the politically loaded relationships between