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archives of extensive patient narratives not only offers a significantly different perspective from the traditional histories of tuberculosis that centred on physicians and developments in surgery and science; it also casts into sharp relief the mythologies of consumption created by literary figures from Keats to Kafka, from Chopin to Thomas Mann. None of the patient journals cited by Rothman conveys any sense that consumption was ever experienced as something beautifully tragic. Recorded encounters with consumption in the Victorian era rather boil down, in essence, to three types of experience. On the one hand, for the fortunate few, a battle with the disease which furnished a happy outcome. No small proportion of (wealthier) consumptives adopted the standard advice (lay no less than medical): they travelled to healthier climes (the South, the Caribbean, Colorado Springs and other parts of the dry South-West, or the much favoured Adirondacks, and there they pursued either rest or “healthy labour”—and recovered! Such recoveries (far from the classic “beautiful deaths”) obviously contributed to and reinforced a “muscular Christianity” vision of how to beat disease. They also helped popularize the West. Writing of Lake Tahoe, Mark Twain jested: “I know a man who went there to die, but he made a failure of it. He was a skeleton when he came, and could barely stand. Three months later . . . he weighed part of a ton. This is no fancy sketch but the truth”.

For many more “lungers”, of course, consumption meant a losing battle, attended by a growing sense of sickness, weakness, waste and worthlessness (nothing “spiritual” here). In particular, Rothman records in detail the sad history of Deborah Vinal Fiske, a Massachusetts wife and mother, whose losing fight with consumption produced not Dickensian piety and sympathy but bitterness and resentment. Actual patients undoubtedly experienced the white plague as amongst the more repugnant forms of death.

The third principal class of patient witness analysed by Rothman are the records of sanatorium patients, and these too are

characteristically bleak and bitter, as the closed institution was perceived as a cheat (it did not create cures) and as unnecessarily punitive. Patients seemed to find sanatorium doctors especially brutal. Indeed, Rothman demonstrates convincingly the manner in which, once the bacteriological theory of consumption was accepted, the new understanding of the condition as contagious and communicable routinely worked to stigmatize patients, notably, of course, the poor. “TB is a good respectable disease”, noted Henry Sewall, a Denver physician, in 1904, “if you have money, but without it, it is a mean low-down business.”

It is a pity that Rothman does not in the body of her text venture comparisons with the British experience, recently charted in Linda Bryder’s *Below the magic mountain: a social history of tuberculosis in twentieth-century Britain* (Oxford, Clarendon Press, 1988) and F B Smith’s *The retreat of tuberculosis 1850–1950* (London and New York, Croom Helm, 1988). Certain contrasts could have been illuminating. I was also intrigued to find rather little mention, in the patient texts she explores, of the supposed hereditary nature of the condition and of its implications: the history of popular ideas of disease inheritance remain well worth study. Overall, however, this work is an impressively researched, balanced and convincing account of the experience of the “Captain of all these men of death”.

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Allan Everett Marble, *Surgeons, smallpox, and the poor: a history of medicine and social conditions in Nova Scotia, 1749–1799*, Montreal and London, McGill-Queen’s University Press, 1993, pp. xvi, 356, £33.95 (0-7735-0988-7).

Marble has succeeded in ferreting out a prodigious mass of information about sickness

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and poverty in Nova Scotia in the last half of the eighteenth century. We learn minute detail about the arrival and departure of practitioners from the colony, their location in Nova Scotia, and often specifics about mode of treatment, charges levied, court cases fought. Primary sources provide much of the meticulous documentation. Inevitably, *Surgeons, smallpox, and the poor* will be a benchmark for future scholars in the field, the starting point to any careful study.

That is to say, Marble's book is encyclopedic in its painstaking accumulation of detail. Valuable as this undoubtedly is, it represents the book's chief drawback also. There is so much detail that readability suffers. This is especially so when the scholarly apparatus dominates, as in passages composed of sentences such as: "He was surgeon and a trustee of the orphan house,³⁹ surgeon to the naval hospital,⁴⁰ and, as of 25 December 1775, surgeon by appointment to the Loyal Nova Scotia Volunteers.⁴¹" (p. 108) There are less intrusive ways of itemizing chapter and verse.

Another threat to readability, and one over which the author has little or no control, is the inevitably episodic nature of the data. Surgeons and apothecaries, patients and midwives, flit across the pages like ghosts, most of them appearing barely long enough to make a substantial impression. When one must rely almost entirely on official correspondence, ships' lists, court cases, and the like, this effect cannot be avoided. This problem is even more evident when Marble attempts to attach modern diagnostic labels to eighteenth-century case reports. Retrospective diagnosis teems with pitfalls. For example, Marble puts forward his belief that a 1750 epidemic in Halifax was typhus. On the basis of the evidence available here the reader must, I think, conclude that while the disease might have been typhus, its identification as such is purely speculative (pp. 27–8).

On the other hand, because of the array of specifics that are available, Marble can attempt a certain amount of numerical analysis. Working on the assumption that ships'

passenger rolls and regimental rosters are accurate, he has produced lists of the medical personnel at hand in Halifax and elsewhere in the colony on given dates, as well as some indication of the professional assignments. For example, Appendix Five lists fifty-two Loyalist practitioners who settled in Nova Scotia during 1783 and sets out surviving details of their birth, training, regiments, and so on (pp. 204–8).

Many interesting and useful observations enhance the scope of Marble's book. One of his analyses, based on claims for wartime losses, suggests that Loyalist physicians and surgeons were no better off financially in the American colonies than were farmers or tradesmen (p. 138). Of course, those who stayed behind may have been the most well-to-do, hoping to salvage their fortunes. In another computation, the author challenges one of the fundamental precepts of Canadian medical history: it has long been believed that military medical officers constituted the bulk of the profession in pioneer days. For Nova Scotia, at least, it seems that 87 per cent of the "surgeons, apothecaries, and chymists" in Halifax half-way through the eighteenth century were civilians, not military (p. 34). And after the American Revolutionary War, not surprisingly the quality of medical care apparently rose in Nova Scotia due to the influx of experienced Loyalist practitioners, though this alleged improvement in medical care lacks documentation (p. 101).

The role of central government, struggling to reduce welfare costs, will have a familiar ring. Poorhouses and hospitals were usually overcrowded in Halifax and other Nova Scotian towns, reflecting the impact of the cycle of warfare (bringing in men and money) followed by peace (when the military departed leaving camp followers and others to be supported by the community). The reader will obtain much insight into these and myriad related matters in this broadly based volume.

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