

drowning drunks in the Dutch Republic during the eighteenth century is nicely complemented by Roy Porter's overview of the free market in medicine in Georgian England, in which elite physicians could not resist picking up their share of the profits of household pharmacy.

Hilary Marland's discussion of the late entry of women into Dutch medicine highlights the almost total neglect of paediatrics in nineteenth-century medical education. Perhaps children were even further from the minds of most doctors than women.

The histories of the financing of health care in twentieth-century Belgium and Holland emphasize relations between doctors and the state and occasionally slip into anti-medical polemic: Rita Schepers closes her paper by describing the Belgian Order of Physicians as the "jealous guardian of the not-always-ethical professional ethics". It is quite difficult for the British reader to follow the unfamiliar legislative, institutional and political developments in these texts. For example, the political right in the Netherlands are "Catholic and Protestant parties, better known as confessionals" (p. 176).

This collection serves as an introduction to contemporary Dutch work on the history of medicine and all the papers are valuable in their own right. The reader's enjoyment is marred by the patchy quality of the English prose (see p. 201 for the worst example), some unfamiliar abbreviations and the absence of an index. This publication is directed toward the academic medical historian and unlikely to attract a wider readership.

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Edward Shorter, *From the mind into the body: the cultural origins of psychosomatic symptoms*, New York, Free Press, 1994, pp. ix, 268, \$22.95 (2-928666-2).

Edward Shorter, once again, is on the right track, tracing connections between culture and illness, society and sickness, and pursuing arrows of possible influence in the right

direction: *from* mind, *into* body. It could not have been the other way round, and "into" is clearer than "to".

He begins with a spirited discussion of "the play of biology and culture", showing how psychosomatic illnesses can have biological aetiologies, and then explores the roles both genes and social conditions play in the genesis of stress. Stress is the genuine centre of gravity in this discussion, although biological and cultural reductionism are also mentioned. This chapter is followed by explorations of chronic illness among the wealthy (ch. 2), the greater risk of women (ch. 3), the ethnic components involved (ch. 4), the cultural dimensions of melancholy (ch. 5), psychosomatic illness among the young and the corpulent (ch. 6), and a concluding chapter called 'Cultural shaping' that outlines what a theory setting out to account for the historical genesis of psychosomatic symptoms could amount to. Throughout, Shorter remains vigilant to the role culture plays in shaping and defining malady and the pain it appropriates, and he is also sensitive to the contemporary discourses embracing popular culture, as in his code, in the last chapter, entitled 'Social and medical correctness', which alludes to a modern jingoism to demonstrate that men and women have always been expected to behave in certain prescribed and patterned ways.

Some chapters, some positions, are more persuasive than others. Shorter is usually a more astute social commentator on the contemporary scene than a systematic historian of medicine digging back before 1800. His explorations of ethnicity (Jewish psychosomatic illness), youth (appetite, weight, and anorexia nervosa), and social class carry weight that the chapters on chronic illness in history and female invalidism lack. It is hard to know whether the difference comes as the result of the degree of reading and research in each, or from an appropriation of voice perfectly suited to the particular psychosomatic issue at hand, as in the case of psychosomatic symptoms amongst Jews. The chapter on melancholy is perhaps the weakest,

taking such a large canvas to fill out that it really fails to say anything new and does not even always acknowledge its sources. But the defect is compensated in the discussion of the eating habits and behaviour of the young, a social group less studied in medical history than ought to have been the case. Its last section is titled, rhetorically, 'Do doctors make their patients sick?' and the impact of the rhetorical interrogative lies in underscoring the "implicit conspiracy" (p. 192) patients and doctors have entered into during the last hundred years. As Shorter cautions, "the whole saga of anorexia nervosa is a textbook example of how culture creates a disease, of how psychosomatic symptoms are induced in a population many of whose members are genetically predisposed to acquire some kind of disturbance of the mind-body relationship" (p. 193).

But the brain lurks behind all these discussions: not the anatomic brain of hypothalamic structures and limbic cortexes, not the latest laser-sharp neuroanatomical and neurochemical pathways, but the cultural brain of humankind, the social brain that has also conceptually and behaviouristically evolved through the centuries even if its neuronic capacity has not altered very much from the time of Homeric woman. Yet Shorter never "plays" with the brain in the explicit way he spins around other culturally constructed topics. There are few uses of the word and even fewer discussions of its role. The brain is not even listed in his index (not that this is proof of anything). Yet the brain remains integral to this adroit demonstration of the manifold ways that medicine enters the social fabric and, more explicitly, the ways that cultural forces shape psychosomatic illnesses. Any cultural shaping of *the mind into the body* is incomplete *sans* the brain underlying the fabric of this exploration. We need not one, but many, cultural histories of the brain in just the lucid genre Dr Shorter adopts in this useful book.

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Dorothy Porter and Roy Porter (eds), *Doctors, politics and society: historical essays*, Clio Medica 23/ Wellcome Institute Series in the History of Medicine, Amsterdam and Atlanta, Rodopi, 1993, pp. ix, 311, Hfl 59.00 (90–5183–510–8).

In recent times it has become almost *de rigueur* to publish the papers of successful symposia and conferences. And why not? Books not only take years to research and write, but, if accepted by a press willing to take the financial gamble, often turn out to be expensive, thus restricting their circulation and impact. Specialized and refereed journals, in turn, may have long waiting lists and limited space for one's articles. Except for causing headaches to cataloguers and bibliographers—individual contributions can be effectively "buried" forever—proceedings or edited collections such as this one with a central theme provide readers with new opportunities for focused reading.

The Porters have done it again! As prolific authors and editors, they have taken six papers from a one-day symposium at the Wellcome Institute in London and secured an additional six on topics dealing with the interface of medicine and politics. The result is a veritable smorgasbord ranging from Bentham's utilitarianism and medical care to the political agendas of medical historians such as Henry Sigerist and George Rosen. In between, there are papers on Bourneville, Charcot's associate, and French anticlericalism, an essay on Soviet debates over the legalization of abortion, hygiene and the Holocaust, Dawson and Britain's National Health Service, and others.

Given such diversity, readers will be grateful to find an extensive introduction written by the Porters which examines historiographical issues and raises some general issues. Traditional scholarship has largely tended to ignore the politics of great doctors unless such "extracurricular" involvement clearly enhanced their stature and were deemed to be beneficial to society and