Elizabeth Green Musselman, *Nervous conditions: science and the body politic in early industrial Britain*, Studies in the Long Nineteenth Century Series, Albany, State University of New York Press, 2006, pp. xi, 276, $75.00 (hardback 978-0-7914-6679-7), $24.95 (paperback 978-0-7914-6680-3).

For natural philosophers in early industrial Britain, nervous conditions were perplexing phenomena. At a time when cultural discourses of masculinity and science characterized the healthy body as vigorous and rational, the natural philosopher's body was ensconced in narratives of nervousness: its substance was fragile and subjective.

According, however, to Elizabeth Green Musselman, natural philosophers' abilities to use the scientific method to reveal and then develop narratives about those conditions, distinguished them from others embodying subjectivity, ''such as workers, provincials and women'' (p. 51). Natural philosophers' strategies to control the reliability of their bodies, matched the ways they sought to process information from the external world. Each strategy amounted to a nascent form of managerialism that found parallels in other contemporary political, social, economic, and religious contexts. To demonstrate and enlarge on these points, Musselman draws upon the examples of several natural philosophers who suffered from a range of nervous conditions, including colour blindness, hemiopsy, and hallucinations. For each case, she argues that the central abiding concern was the management and control of idiosyncratic phenomena, for ''nervous disorders . . . threatened the tenuous claim that natural philosophy had to the enlightenment crown of reason'' (p. 30). By focusing on these experiences of abnormality and subjectivity, Musselman contends it is possible to see the emergence of the modern sciences while bearing witness to the decline of natural philosophy.

Musselman's account is a challenging but imaginative work. In many respects, it seems less like a history and more like a creative attempt at historical metonymy. Often she uses the case studies of nervous conditions to signify greater social, economic, or political occurrences. There are places where this style works superbly and justifies the book's overall argument (for example, John Dalton, provincialism and colour-blindness). But other chapters are more difficult to follow.

It is not always clear how Musselman intends us to understand her account. Are these cases meant to be illustrative windows that allow us to peer into the world of early industrial Britain and to witness the changes exacted by the emerging sciences? Or, alternatively, is Musselman arguing that the methods discovered by natural philosophers to tame their own subjectivity were applied secondarily to shape that external world? Putting it differently, is Musselman arguing that learning to control and normalize nervous conditions partially created the ethos of managerialism in early industrial Britain? Or is she saying ''national governance and reform, political economy, and rational religion provided some of the idioms through which natural philosophers understood and managed nervous physiology at both the personal and scientific level'' (p. 13). These tensions remain unresolved in this work.

In her conclusion, Musselman suggests that her study reveals problems with viewing science as having an ahistorical logic. She criticizes accounts that ''organize themselves according to modern disciplines'', such as the history of physiology, philosophy, religion, and medicine (p. 194). Instead, Musselman offers her book as a method for seeing how things were differently ordered in the past. In other words, a context-based approach to the past reveals a richer tapestry that will help us appreciate the rise of a new order of things—science, rational management and organization, and a social hierarchy with a managerial ethos.

Musselman's conclusion ultimately makes this book worth reading. Indeed, if this historiographic perspective had been more clearly articulated from the beginning, then the connections between the case studies would have been made more explicit for her readers. The problem is that her case studies, although lively and sometimes amusing, do not fully sustain or

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 conditions* 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' origins 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 specialism, '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 preliminary 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 generally 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 supplement the quantitative analyses which lie at the heart of the text. Numerous tables and statistics 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,