

Book Reviews

But Parke, as medical officer, was fighting a losing battle. Attention to hygiene and the distribution of quinine tablets did nothing to prevent most members of the expedition—including Parke and Stanley—falling ill on several occasions. Stanley was close to death at one stage, while Parke's companion, Major Jameson, died of blackwater fever. Deaths were even more frequent among the African bearers, many of whom were recruited in Zanzibar, Sudan or Somalia, and unused to the climate and diseases of the equatorial jungle. However, Parke's efforts to treat the diseases which afflicted the expedition are well documented, and we gain from Dr Lyon's biography a valuable insight into the therapeutic practices of the period. The reader may be gratified to learn that the unappealing Stanley was treated for fever with castor oil and mildewed mustard leaf: a just desert if ever there was one.

Mark Harrison, Sheffield Hallam University

Frederic W Hafferty and John B McKinlay (eds), *The changing medical profession: an international perspective*, New York and Oxford, Oxford University Press, 1993, pp. x, 261, £35.00 (0-19-507592-7).

This collection of papers began as a supplemental issue of *The Milbank Quarterly* that was published several years before this reviewer became its publisher. The editors have increased the number and broadened the scope of the papers. The resulting book should become a standard introduction to comparative social science about the medical profession.

Most of the authors use data about the history and contemporary situation of medicine to test sociological theory. In the first chapter, for example, Fredric D Wolinsky describes the contending theories of professional dominance, deprofessionalization, proletarianization, and corporatization. Although such theories have uses, historians will wince at his statement (p. 13) that "professional autonomy . . . was conferred on American medicine around 1910, when the Flexner report . . . was published."

Such neglect of competent secondary sources is, however, rare among the sociologists represented here. Everyone interested in contemporary history as well as sociology will benefit from Eliot Freidson's updating of his earlier work in 'How dominant are the professions?' and from assessments of the medical profession in eleven countries by accomplished scholars (one a political scientist). Sol Levine contributes a thoughtful overview of 'Some problematic aspects of medicine's changing status'. The co-editors, in their introduction and conclusion, ably summarize contemporary problems in the social role of medicine.

The most compelling papers are, however, by persons who are unconstrained by the conventions of a particular social science. Julio Frenk and Luis Durán-Arenas offer a provocative overview of 'The medical profession and the state'. David M Frankford, writing on 'The professions and the law', argues against the tyranny of theory and method in the social sciences. Rudolph Klein explores the hazards of both "ethnocentric overexplanation" and comparative generalizations in explaining political behaviour.

In sum, this is a stimulating book. Hafferty and McKinlay have been aggressive editors.

Daniel M Fox, Milbank Memorial Fund

Sheila M Rothman, *Living in the shadow of death: tuberculosis and the social experience of illness in American history*, New York, BasicBooks, 1994 (distributed by HarperCollins in the UK), pp. xi, 319, £19.95 (0465-03002-5).

Over the last decade a more patient-centred history of medicine has been cultivated, and Sheila Rothman's well-researched and highly readable account of consumption and consumptives ("lungers") in nineteenth-century America is a model of its kind. Rothman's discovery in family papers and institutional

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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”.

Roy Porter, Wellcome Institute

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