Book Reviews

ROY PORTER (ed.), The medical history of waters and spas, Medical History Supplement 10, London, Wellcome Institute for the History of Medicine, 1990, pp. xii, 150, illus., £18.00 (UK & Eire), £21.00 (overseas), \$33.00 (USA, all incl. p&p), from Professional & Scientific Publications, BMA House, Tavistock Sq., London WC1H 9JR, (paperback, 0-85484-095-8).

In spite of their therapeutic significance for much of human history, mineral waters have been largely ignored by historians of medicine. One suspects that this neglect has to do with the perception that spa medicine has owed more to human credulity than to medical science. This volume of essays suggests that such neglect and dismissal are about to give way to more thoughtful assessment.

Although the book exhibits the unevenness characteristic of edited collections, the quality of most contributions is high. It does suffer, however, from an overwhelmingly British focus (with the exception of some essays dealing with waters before the eighteenth century). The result is a distinct impression, becoming explicit statement in several essays, that the waning popularity of spa medicine that has been characteristic of Britain since the late nineteenth century has been universal. Nothing can be further from the truth. In many parts of continental Europe, mineral waters have not merely survived, in spite of changing norms of scientific acceptability, but have actually flourished.

The issue of the modern failure of British hydrology is one which haunts the collection. Even the one essay on hydrology in New Zealand is a story of failure; an effort to create a modern scientific spa on the European model was not successful. Some contributors date the decline of British waters (by which they mostly mean Bath) as early as the mid nineteenth century when spas in continental Europe were just beginning their phenomenal expansion. I am not certain whether an absolute decline actually set in this early but it is clear that spa development was mediocre in comparison with the situation on the Continent.

The British situation demands some explanation. That other types of resorts competed with spas and that Britons preferred foreign travel and continental waters is certainly true but begs the question, since other nations faced similar problems. David Harley in his essay connects this weakness with the failure of British doctors to eliminate non-medical competition. Presumably this contributed to medical scepticism about the water cure in the twentieth century. Certainly, Janet Browne's essay on Darwin's water cure at Malvern emphasizes both the unorthodox quality of the treatment which was loosely based on Priessnitz's methods and the degree of patient choice and autonomy which it involved. In contrast, water cure in France was thoroughly medicalized and hydropathic sectarianism had little impact. Laurence Brockliss, in an outstanding essay, shows that this situation pertained as early as the seventeenth century in France when royal support gave considerable power to the King's First Physician and his *intendants* while the influence of certain spa physicians at court helped make certain waters fashionable. As a result of this medical control, French waters were far more austere and less worldly than were those of England and later the Continent. They also commanded considerable medical loyalty.

Governmental support, of course, was not sufficient. In the early twentieth century, the government of New Zealand was eager to create an international-class spa at Rotorua, as Ralph Johnson tells us, and seems to have given considerable resources to the British doctor it recruited as Government Balneologist. But geographical isolation condemned the venture.

By the 1920s, British spas were clearly in decline. In a richly textured essay, David Cantor discusses some of the efforts of British hydrologists to turn things around. Most spawned serious disagreements of principle. Should hydrology turn itself into a specialty? If so, should it be technique-based or should it focus on a particular disease, rheumatism, with enough social and economic impact to mobilize state and popular support behind spa medicine? Could appeals to the economic and touristic importance of spas co-exist with medical aspirations? In the end Cantor tells us, spa medicine was integrated into the unwieldy category, physical medicine, which did little apparently to prevent the continued decline of British spas.

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The support of doctors and public authorities was not just a necessity for public acceptance and popularity; it was a prerequisite for the development of hydrological science. Several contributors make the point that much writing on waters was a form of publicity for a specific water and the relative lack of hydrological research in Britain until late in the nineteenth century is quite striking. There was nothing like the Parisian Academy of Medicine which imposed some outside guidelines on research and which, while committed to the system as a whole, had no particular stake in any specific spa.

Nevertheless, several contributors make the point that hydrological research cannot be simply dismissed as propaganda. In describing the development of chemical analysis from the eighteenth century, Noel Coley emphasizes its importance in legitimating spa therapy and also makes clear how real the achievements were, particularly in the nineteenth century. Christopher Hamlin tries to distance himself from an exclusively internalist approach to chemical analysis and stresses its legitimating function. But he does suggest that chemists eventually brought "much more of the ethos of pure scientific research into mineral water analysis . . ." (p. 80).

Clinical medicine also had its forms of research. Audrey Heywood analyses the patient records of the Bath General Hospital which opened in 1741 with specific reference to the treatment of lead poisoning. Her essay is eye-opening on at least two counts. It makes clear that research whose explicit purpose was to demonstrate the efficacy of the local product could still be of reasonably high quality. If Bath doctors actually followed the stated protocols in determining the effects of therapy, their data is uniquely rigorous for hydrological research of the period. Secondly, she makes a good case that treatment was in fact effective for lead poisoning and uses recent research (in which she herself participated) to explain this effectiveness which applies to only one of many conditions treated with waters. Her explanation centres on the physiological effects of submergence in water rather than on specific chemical properties or other treatment modalities, so it is hardly a rehabilitation of the principles of traditional water therapy. Nevertheless, it does suggest that if we want to understand the popularity of the waters over the centuries, we need to take seriously their clinical effects.

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M. WEATHERALL, In search of a cure: a history of pharmaceutical discovery, Oxford University Press, 1990, 8vo, pp. xvi, 298, illus., £19.50.

In the final chapter of his book, M. Weatherall reminds us that pharmaceutical discovery "cannot be reduced to a simple formula or a standard intellectual process, nor is the logical route likely to be straight" (p. 271). Indeed, *In search of a cure* mounts case study upon case study in the history of pharmacy to demonstrate that there can be no such thing as a primer on how to discover drugs; scientific, medical, and technical understanding of a therapeutic problem must mesh under the right circumstances to achieve success, and the occasional serendipitous observation can play a role as well. This is one of the strengths of Weatherall's book, which I recommend over the other comprehensive drug histories that have appeared in the past decade.

The opening chapters are arranged chronologically, but thereafter Weatherall follows a topical scheme with a focus on the nineteenth and twentieth centuries; here he devotes chapters to replacement therapy, deficiency diseases, antibiotics, cancer, drugs and the mind, and so on. His emphasis on Western therapeutics, and British contributions in particular (for example, the National Institute for Medical Research seems to receive much more attention than the National Institutes of Health), does not diminish the value of his study. The illustrations are fine but unfortunately they are collected in the middle of the book. The writing is not too technical, but the prose nevertheless can be a bit slow at times and the paragraphs sometimes too packed with information. Thus, distribution of the pictures throughout the book would have helped. Weatherall's documentation is ample with respect to both primary and secondary literature, and the index is adequate.