

history, and their expertise brings to the volume a stronger sense of the relevance of the history of medicine to the wider history of modern Ireland. Not only do the contributors highlight how issues of health and ill-health influenced and were influenced by Irish and Anglo-Irish politics and religion, they also add much to our understanding of salient and under-explored issues of class, gender and social mobility.

This collection is not a comprehensive history of medicine, disease and state intervention in Irish health since the seventeenth century. The editors clearly did not intend that it should be. More usefully, however, it is an excellent overview of the state of research in this area and will certainly serve as a stimulus to further research. Moreover, this book has much to offer all historians of modern Ireland as it illuminates many aspects of the broader social, political and cultural history of the country. As a historian whose interests include education, associational politics, social mobility and gender, I was particularly struck by the way in which a number of essays impacted not only on my own work, but on the work of numerous other historians of modern Ireland. This collection helps move the history of medicine in Ireland from the periphery to the margin.

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Cormac Ó Gráda, *Black '47 and beyond: the great Irish famine in history, economy, and memory*, Princeton University Press, 1999, pp. xii, 302, £21.95 (0-691-01550-3).

The 150th commemoration of the Great Irish Famine produced a plethora of publications, several of them from Cormac Ó Gráda's pen. *Black '47* is the finest of them all. Its strengths stem from the author's command of evidence, his

comparative perspectives and his skill in combining techniques drawn from several disciplines.

The most striking feature emerging from the comparative approach is the scale of the tragedy. One-eighth of the population (more than one million people) perished in five years, a greater proportion than in any modern famine with the exception of China's Great Leap Forward. Part of the reason is that the famine lasted so long. It was crucial too that a third of the population lived almost exclusively on potatoes and so was at risk when the harvest was damaged by blight in 1845 and all but destroyed in subsequent years.

Would fewer people have died had relief policies been more effective? Ó Gráda's discussion is an outstanding treatment of a question that has long bedevilled Irish historiography. There were (and are) essentially two possible relief strategies: cash-for-work and food aid. The former was tried in the form of public works, often criticized as expensive, corrupt and inefficient. Ó Gráda mounts a robust defence, employing Amartya Sen's concept of entitlements. Mid-nineteenth-century Ireland possessed efficient bureaucratic structures compared to twentieth-century famine-wracked countries and it was free from civil war. Public works failed because of a lack of will by the British government, because the incomes earned were inadequate to buy labourers enough calories to fuel manual work, and because, *contra* Sen, the Irish food problem was not simply one of distribution, but of inadequate supply. Food aid, *via* the soup kitchens, was adopted in early 1847, but was abandoned in the summer in the mistaken belief that the blight had been beaten. At one time the kitchens were serving three million meals a day, testimony to the ability of administrative systems to cope.

The Irish Poor Law had been set up in 1838 and 130 workhouses were operating in 1845. But they were not designed to handle huge numbers of destitute people and gave

indoor relief only. Outdoor relief was eventually permitted under stringent conditions from late 1847, but the costs were much resented by ratepayers.

Readers of this journal will be particularly interested in Ó Gráda's analysis of Sir William Wilde's 'Table of deaths', published in the 1851 census. This table holds no surprises for nutritionists familiar with the epidemiology of famine-induced diseases, but it offers interesting parallels to (and some differences from) disease patterns in third-world countries. Ó Gráda ponders the role of medicine in countering disease. The verdict is not comforting. It failed, flawed by the lack of understanding of how infections were transmitted and overwhelmed by the lack of basic hygiene. There are many good things in this chapter, notably the discussion of the age and sex differences in mortality; women survived better than men, a feature paralleled in third-world countries today.

Many writers have been appalled that food continued to be exported during the famine. Ó Gráda points out that farmers and merchants owned the corn and if it had been compulsorily retained in the country the famished population would have been unable to afford it. Ireland in fact became a net importer of grain during the famine, but imports were a drop in the ocean compared with the loss of the potatoes.

Ó Gráda's interests are economic and demographic, and nationalist historians will not be happy with his explanations of (not justification for) the often callous behaviour of government, landlords, farmers and merchants. But none will write a better book.

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E M Tansey, D A Christie, L A Reynolds
(eds), *Wellcome witnesses to twentieth century medicine, vol. 2. Making the human*

body transparent: the impact of nuclear magnetic resonance and magnetic resonance imaging. Research in general practice. Drugs in psychiatric practice. The MRC Common Cold Unit, Wellcome Institute Occasional Publication No. 6, London, The Wellcome Trust, 1998, pp. vi, 282, £12.50, \$21.00 (paperback 1-869835-39-5). Orders to: Tracy Tillotson, Wellcome Library, 183 Euston Road, London NW1 2BE.

The History of Twentieth Century Medicine Group's witness seminars are creating an extremely valuable set of historical sources about a mid-twentieth-century era which, though near in time, appears surprisingly distant, not just in relation to the strikingly different power of late twentieth-century medical science, but in relation to the much greater complexities of enabling, regulatory, or funding structures within which medicine now operates. In addition, the brief biographies and publications cited in footnotes are a useful reference tool. There are certain weaknesses in this evidence. There is a strong in-built bias against the testimony of users or patients in favour of that by doctors and scientists. Again, although there has been a good attempt to research and contact key players, those present are usually either the prominent and well-known, and/or those eager to write themselves into the historical record. One tongue-in-cheek participant declared, "My excuse for coming is the desire not to drop too quickly into obscurity in medical history" (p. 150).

The witness seminar takes the form of a number of set contributions from those participants who have been given a brief to talk about their central contribution, interspersed with modifying or extending comments from others. The composition of the witnesses makes for varied forms of discussion. The more disparate contributors to a conversation on the use of psychiatric drugs provided a series of often disjointed commentaries but this cumulatively gave