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medieval Italian town physicians, who, initially at least, had no duties of supervising and licensing subordinate practitioners, such as pharmacists, and no remit for inspecting public hygiene (unlike the office of the hisba within Islam, as shown by Ghada Karmi). Indeed, the drift of the articles by Vivian Nutton and Richard Palmer is that there is almost an inverse relationship between medical presence and town appointments. In centres where physicians were lacking, a post, a salary, a tax immunity, would lure a recruit (and aim, rather futilely, to tie him to his post during epidemics and plague). Once, in the late Middle Ages, physicians swelled in numbers, market forces could be left to do their own work. Indeed, one of the most interesting findings of these essays on Italy, and Toby Gelfand's piece on Paris-trained surgeons in Southern France in the reign of Louis XV, is the relative abundance of well-trained medical personnel (180 in Milan by the early fourteenth century).

These papers (which unfortunately abound with printers' errors) tell us much about how medical men became woven into the fabric of official life from the Middle Ages, perhaps particularly because of the urban imperative to handle epidemics as part of public policy rather than leaving them, like other sickness, to private prudence and philanthropy. They suggest three further areas for research and analysis here little dwelt upon. First, comparison with other parallel areas of doctor-state involvement, e.g. military medicine. Second, analysis of tensions within the emergent medical practitioners between their profile as public servants and their self-image as an independent, corporate, collegiate liberal profession. And third, the chronological outcome: how did the *ad hoc* traditions of town appointments discussed here relate to cameralist philosophies of medical police developed under Enlightened Absolutism? Manfred Stürzbecher in his essay on German-speaking countries concludes that the progression of town doctors to becoming "government officials" was "still incomplete" at the end of the eighteenth century (p. 127). It is a transition which would make an important further study.

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MARY BRECKENRIDGE, Wide neighborhoods. A story of the Frontier Nursing Service, Lexington, University Press of Kentucky, 1981, 8vo, pp. xx, 371, illus., \$19.50 (\$8.00 paperback).

Even in the late 1920s, with its remoteness and inaccessibility, the Frontier Nursing Service of Kentucky had a steady stream of visitors and enquiries. Its intrepid nurse-midwives, travelling by horseback, struggling against the elements and against the abject poverty of the mountain people, captured imaginations. A network of trustees helped to publicize the service, numerous articles were written, there was more than one book and even a film about it. But this, the autobiography of the founder, is the most important document. First published in 1952, the new edition contains a foreword by an early participant and an afterword by Dale Deaton, the current Director of Development.

There are insights about her early years and an absorbing account of relief work after 1918 in France, but Mary Breckenridge is at her best writing of Kentucky itself. The stories of the individual patients and of the trials of building the outposts are vivid and memorable. One learns much besides about the nature of American philanthropy as well as about that seemingly distinctive American blend of health and welfare perspectives which gives a knowledge of and concern with the local economy. This is to say nothing of the physical and moral courage of the woman, her leadership, and her faith, which are inspiring throughout.

This book will deservedly be read as a tale of adventure and the story of a woman of stature. But, thirty years on, what more does if offer? Dale Deaton's final remarks link the nurse-midwife to the modern family practitioner. But it is questionable how far the concept of the nurse-midwife survives in the federal-aided programmes of today. With her first-hand experience of Europe and the U.S.A., Mary Breckenridge was convinced that France had

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developed midwifery, that the U.S.A. had developed nursing, but that Britain had managed to combine them in the way that was needed. Accordingly, she and her nurses took midwifery training in London. But she was also convinced that the nurse-midwife could and should combine sick nursing and preventive work, something that many Britons, then and now, see as far from ideal. We could do worse than to follow up these themes with systematic, comparative historical work, adding some clarification perhaps, to current debates about the work of the community nurse. Mary Breckenridge herself started by studying the Highlands and Islands Medical and Nursing Service. We could do worse than to follow her example.

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J. MENZIES CAMPBELL, *Dentistry then and now*, 3rd ed. rev. and enl., Glasgow, privately printed, 1981, 8vo, pp. xvi, 394. (Copies available from the British Dental Association, 64 Wimpole Street, London W1M 8AL, at £7.50 or £8.50 including postage.)

This collected edition of the more important historical writings of the late John Menzies Campbell, reprinted from many sources, was first issued in 1958 under the title From a trade to a profession. This contained twenty-five papers. A revised and enlarged edition containing five additional papers and omitting two appeared in 1963, entitled Dentistry then and now. The present edition is a reprint of the latter with five added papers and other material, together with an appendix listing other writings of Menzies Campbell. The most valuable inclusion is, however, a comprehensive index, the work of Dr. Margaret Menzies Campbell, to whom the first edition was dedicated and whose enthusiasm, devotion, and regard for history have made possible the issue of this edition.

These well-documented papers represent a lifetime of diligent and dedicated research by a meticulously accurate dental historian, and most are the fruit of original research and hence embody material not available elsewhere. A number are based on the study of his own remarkable collections, now housed in the Royal College of Surgeons of Edinburgh and the Royal College of Surgeons of England.

They cover a wide field, ranging from biography to general dental history, but all bear the stamp of the personality of Menzies Campbell and his regard for accuracy and truth.

It is unfortunate but inevitable that the illustrations which accompanied the original publication of many of the papers could not be reproduced, and it would have been helpful to the serious reader if the place and date of the original publication could have been included in all cases besides the last five papers.

While this reprint is of the greatest interest and value to the dental historian, it may be read with profit by every dental practitioner and indeed by social historians. It is stated in the preface that the Benevolent and Rare Book Funds of the British Dental Association will be the principal beneficiaries from sales of this book.

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ALVIN E. RODIN, Oslerian pathology, Lawrence, Kansas, Coronado Press, 1981, 8vo, pp. xviii, 250, illus., \$25.00.

This book, the latest of a large number on the life and work of the outstanding physician. Sir William Osler, is unusual, concentrating, as it does, on a little-known but important phase of his career when he was virtually a pure morbid anatomist. It was, in fact, a lifelong interest.

At the time of his appointment to Montreal General Hospital in 1875, it was the custom for physicians to perform autopsies on their own cases, but Osler's eagerness to do this for his colleagues led to his appointment as pathologist to that hospital. There, he was to perform over a thousand autopsies in the ensuing ten years.

His zeal for performing post-mortems led to difficulties later. In 1884, having been appointed