

who devised the triple therapy – streptomycin, PAS and isoniazid – that became the gold standard of tuberculosis treatment, reducing the increasing incidence of TB by fifty-nine per cent within three years.

Memoirs like this are extremely important for welding the patient experience to the history of a disease. That many such testimonies are disturbing should not surprise us since many ex-TB patients have been disturbed, both by medical and social treatments. Isabel Gillard is reflective, even self-indulgent at times, but you forgive her because she teetered back from the brink and has survived in good health for sixty years. Nevertheless, as a critical reviewer I was irked by a reference to Lady Mary Wortley Montague introducing *cowpox* vaccine into Britain (p. 72), and I was confused by the story of John, a fellow patient who had donated a kidney (c.1950) to his consumptive older brother (p. 65). The first kidney transplant in the UK was, indeed, carried out in Edinburgh, but this was in 1960, between twin brothers.

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Linda Bryder, Flurin Condrau and Michael Worboys (eds), *Tuberculosis Then and Now: Perspectives on the History of an Infectious Disease*, McGill-Queen's/Associated Medical Services Studies in the History of Medicine, Health, and Society, No. 35, (Montreal: McGill-Queen's University Press, 2010), pp. viii + 243, \$29.95, paperback, ISBN: 978-0-7735-3601-2.

This collection comprises ten chapters of scholarly perspectives on the history of tuberculosis. Edited by Linda Bryder, Flurin Condrau and Michael Worboys, it sets out to develop the perspectives of past writers regarding tuberculosis by reviewing the experiences of patients, the public and activists regarding the illness and its treatment. The opening chapter, by the editors, begins

with an overview of the historiography of tuberculosis' history.

In the following chapters, Tim Boon explores illness narratives via the medium of tuberculosis films. These, he contends, are a valuable narrative source, as generally, stories told by individuals are randomly scattered throughout records and oral history is collected 'convenient to the time of telling rather than to the time described'. Boon illustrates how concepts of tuberculosis in the past were storied and considers how the public may have received these.

Flurin Condrau provides a detailed study of methodological issues in the history of medical institutions. He challenges the concept of sanatoria as 'total institutions' and examines, in particular, the writing of Erving Goffman on stigma. John Welshman offers analysis of post-war immigration policies comparing Irish and South Asian immigrants and the continuity of racial stereotypes. He explores three approaches – essentialist, structural, and racial – to explain the allegedly higher incidence of tuberculosis amongst immigrants during this period. Michael Worboys examines the explanations given by British doctors about the decline in tuberculosis mortality before Thomas McKeown's work was published in the early 1950s.

Jorge Molero-Mesa studies anti-tuberculosis policies in Restoration Spain, and the politicisation of health-related aspects of working-class lives between the 1870s and 1930s. Anti-tuberculosis movements wanted money spent on establishing dispensaries. Socialist organisations instead favoured improved wages and conditions. Peter Atkins analyses the slow progress of policy on bovine tuberculosis, 1900–39, and the tension between the farming industry and consumer causes. Helen Valier's chapter examines the collaborative antibiotics trials in India in the 1950s and 1960s. She considers the trial complications for doctors and scientists confronted with bacterial resistance and patient compliance. She also explores the politically loaded relationships between

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research and treatment in the developed and developing worlds.

One of this book's aims, as expressed by the editors, is to show how historians can engage in debates on current responses to specific disease problems. This is successfully realised in many of the chapters. One such is David Barnes' exploration of society's treatment of Patient Zero. He considers the way the media have caused fear by sensationally 'outing' successive Patient Zeroes, who become, in the public mind, dangerous suspects rather than patients needing care. He examines how a Patient Zero often comes from a poor, marginal or ethnic minority, leaving society fearful of a whole group, such as immigrants or the homeless. He points out that it is easier to target an individual patient than to propose serious strategies to combat the immunosuppression that leaves individuals vulnerable to disease. Barnes moves from Typhoid Mary, to the SARS epidemics, to the societal response to the air travel of drug-resistant tuberculosis cases in 2007. This makes the historical consideration of specific current disease problems very relevant today.

This book states in its first paragraph that it focuses on pulmonary (lung) tuberculosis, and that important histories remain to be written with regard to 'crippled children' and those with disseminated disease. It seems a pity that this work also continues the historiographic tradition of neglecting children with bone and joint tuberculosis. It is, however, a useful addition to the history of tuberculosis canon, addresses contemporary issues, and is a fascinating read.

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James McKenna, Farhat Manzoor and Greta Jones, *Candles in the Dark: Medical Ethical Issues in Northern Ireland during the Troubles* (London: Nuffield Trust, 2009),

pp. v + 149, no price given, paperback, ISBN: 978-1-905030-32-3.

This is an important book that will appeal, not only to historians of medicine, but to social historians and those interested in the history of the Troubles in Northern Ireland. The authors have given an insightful account, which at times makes difficult reading, but which, nevertheless, is significant in its contribution to the history of the Troubles, encompassing the period from 1969 until the second ceasefire in 1998. The research conducted for this book is a momentous achievement: the authors conducted oral history interviews with over two hundred people over a three-year period, with the chief objective of trying to find out how difficult it was to conduct medical work in Northern Ireland in the period, and 'to maintain the medical codes of ethics governing health care' (p. 2). The interviewees consisted of health professionals, patients, ex-prisoners and medical staff working in prisons. The authors draw attention to the particular problems of oral history in the case of Northern Ireland, but in spite of these, the book as a whole gives a balanced view of the issues of both sides of the Divide, and the oral history accounts are compelling and give a personal insight into the experiences of men and women during the Troubles.

Following the introduction and a chapter on the background to the history of the Troubles in Northern Ireland, the main part of the book opens with two chapters that deal with the experiences of health professionals and patients. The first of these examines the effects of the Troubles on the work of general practitioners in Northern Ireland in the period, in particular, focusing on the difficulties that they encountered while trying to go about their daily work, such as unofficial roadblocks and the increased demand on mental health skills. In addition, the chapter examines the effects on patients, such as the difficulties they experienced in travelling to hospital and how their political and religious persuasions may have affected their choice of hospital and/or GP. The