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The book is topically arranged into four parts. The first two articles in a biographical section were written by Roy Porter and Helen Brock and specifically deal with William Hunter, a prominent member of the new breed of healers called the men-midwives. Three further essays, by Ludmilla Jordanova on his obstetrical atlas, Adrian Wilson on man-midwifery, and Edward Shorter on the management of normal deliveries, specifically deal with Hunter's obstetrical career. These are supplemented by an article on the biomedical theories of conception by Angus McLaren.

The largest section of the book is devoted to eighteenth-century medical education, a subject close to Hunter's heart and which occupied much of his time. Here we encounter papers on the role of apprenticeship (Joan Lane), the structure of London medical careers (William Bynum), hospital teaching in London (Toby Gelfand), Edinburgh medical and surgical instruction (Christopher Lawrence), medical education in Halle and Berlin (Johanna Geyer-Kordesch), and clinical training in hospitals (Othmar Keel). Finally, the book has a brief section with works by François Duchesneau on vitalistic physiology, including the ideas of John Hunter, and Ian Rolfe on William Hunter's natural history collections.

As with most products of symposia, this collection suffers from a certain lack of cohesion and uneven quality of the papers contained therein, despite gallant editorial efforts to arrange them under specific headings. Perhaps an enlarged introduction would have made the transitions more explicit for the reader. Porter's opening essay is among the best. It looks at William Hunter within the contemporary medical context of the marketplace, depicting his activities—especially his teaching business—as part of an entrepreneurship necessary for securing the patronage of the rich and powerful. As always, Porter writes with clarity and wit, ready to debunk the mythology created by the "Great Doctors" historiography with sound scholarly analyses of the social matrix in which events actually unfolded.

Given my own interests, I greatly enjoyed the articles on eighteenth-century medical education. Together they open up new and important areas for future scholarship, especially concerning the role of the hospital in the training of surgeons and physicians. Bynum's ongoing research on the careers of nearly 570 eighteenth-century London practitioners, and Keel's comparative assessment of European hospital organizations involved in "the rise of the clinic" promise further results. In turn, Gelfand's analysis of clinical instruction in London voluntary hospitals after 1750 helps to fill a widely perceived gap, while Geyer-Kordesch's focus on the University of Halle offers an equally first-rate account of the political and institutional factors involved in its rise during the tenure of Hoffmann and Stahl.

Cambridge University Press should be congratulated for daring to publish a multi-authored volume, now often *materia non grata* in academic publishing. Not only has the book a superb index, but all footnotes are arranged at the bottom of each page for easy reference. Finally, the editors deserve our gratitude for helping to revitalize our studies of a medical world so ably initiated decades ago by Lester King. Eighteenth-century medicine is not just a necessary, albeit cumbersome, way-station on the road to modernity. Instead, this age stands on its own as one of the most critical periods in the history of medicine, as institutions and practitioners became enmeshed in new programmes and objectives closely linked to the Enlightenment.

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HELEN R. WOOLCOCK, Rights of passage. Emigration to Australia in the nineteenth century, London and New York, Tavistock Publications, 1986, 8vo, pp. xvii, 377, illus., £25·00.

When Queensland separated from New South Wales in 1859, there was $7\frac{1}{2}d$ in the treasury and 25,000 settlers in an area seven times the size of Great Britain. Rights of passage describes how emigration schemes increased that population tenfold by the end of the century, recruiting mainly from Britain but also from Germany, Scandinavia, Switzerland, and Italy. They did not seek any old "refuse"—the earlier convict settlement at Moreton Bay had been full of that. What Queensland wanted were hardy young pioneers.

It was a good time to travel—the Passenger's Act of 1855 gave emigrant protection a strong legislative foundation, and the second half of the nineteenth century saw Britain's Public Health

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movement cleaning up many of the health hazards of ocean voyages. The Queensland government was right behind these measures: after all, each immigrant represented an investment of almost £20. However, it still comes as a shock to discover just how much care was lavished on these colonists in transit, compared with what their peers at home were experiencing.

The floating world presented opportunities for implementing public health strategies on a scale impossible on land. In charge was the surgeon-superintendent: in addition to his medical responsibilities, he appointed and supervised a corps of constables, a teacher, and a matron—whose chief function was to prevent communication between the single women and any man on board, except the doctor. (This had predictable consequences, such as the matron thrashing one of her charges for accepting a doctor's invitation to sit on his knee during rounds.)

The new Public Health movement entailed documentation on a hitherto unprecedented scale, and the author has been able to reassemble details on a staggering 99.6 per cent of the immigrants and on 600 of their 610 medical attendants. Despite the existence of these vital statistics in various locations, nobody has previously done the sums to provide "a systematic, continuous assessment of immigrant health in transit"—which is Woolcock's achievement. Not only "objective" data proliferated in the late nineteenth century; so did letters and diaries, and extracts from them have been used to add very human flesh to the bare statistical bones. (They range from "We seek a stranger's land to win What Britain us denied" to "Spent the evening nocking [sic] about the ship in search of some fun".)

As the book focuses on the immigrants' health on the voyage out, most of their lives before and after are quite reasonably excluded. However, this induces at times that same feeling of hopeless incarceration a long sea-voyage might. Since there is already a nod in the direction of fiction (Rites of passage is a novel by William Golding about a nineteenth-century voyage to Australia), borrowing a fictional device from that genre—the revelation that everyone is not as he appears—might have opened things up. There are certainly tantalizing hints of this. The single women, locked up like the treasure the new colony hoped they would be, may have obliged by dying less than any other group on board, but also managed to contribute significantly to the birth rate (demonstrating their reproductive fitness a little earlier than hoped). Roaming more freely around the decks were not just young farmers. Job lots of navvies were shipped over during the 1860s public spending boom, and throughout the period ships were filled up at the last minute with the "sweepings" of seaport towns. Not every aspect of the venture was an unqualified success; despite the ratio of three males to two females in Queensland in 1861, more males than females embarked for Queensland over the next forty years, exacerbating anxieties about "social evils". (Anxieties that still persist; Queensland currently has the most homophobic legislation of any Australian state.)

Whoever the passengers were, once on board, their chances of reaching Australia were high—only one shipwreck entailing loss of life out of 1,317 voyages, and an overall survival rate of ninety-nine per cent. But was that good? The Registrar-General's figures for total British emigration (which are much better) do not take into account either the duration of the voyage or deaths in quarantine. Comparisons with the transatlantic voyages of the Irish famine years, and fine words in an 1863 *Lancet* and from a hardly impartial Queensland Agent-General, do not really count. This cavil aside, in terms of its comprehensiveness, *Rights of passage* stands as the *Enquire within upon everything* of Queensland emigration, 1860–1900.

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HULDRYCH M. KOELBING, Die ärztliche Therapie. Grundzüge ihrer Geschichte, Darmstadt, Wissenschaftliche Buchgesellschaft, 1985, 8vo, pp. 271, illus., DM.38.00 (paperback).

Over the past century, complaints have often been made that historians have neglected therapeutic practice and its relation to therapeutic concepts and medical theory. Given the difficulties in establishing actual practices of past times, this should come as no surprise. To this can be added the historical temptation to judge the usefulness of past therapeutic management from a twentieth-century perspective (a general historiographical stumbling-block, but for some reason the more so when dealing with the application of concepts that involve utility).