obstacles in the way of Jews but Scottish universities and medical schools were more enlightened and tolerant. During the eighteenth and nineteenth centuries, some 60 Jewish students (Scottish as well as from Portugal, the West Indies, and America) obtained a Scottish medical qualification.

Persecution of the Jews in eastern Europe at the end of the nineteenth century led to major emigrations, chiefly to the United States and Britain, where a relatively small number settled in Scotland. Scottish tradition encouraged the social advancement of the industrious and ambitious, so that in one generation the transition was made from ghetto penury to Scottish middle-class professional status. One can understand the pride of the immigrant Jewish mama in "My son—the doctor"! The number of Scottish Jewish physicians qualifying was ten times greater than was to be expected from the number of Jews in the population as a whole.

Scottish universities and medical schools continued to attract non-Scottish Jews who experienced difficulty in entering medical schools elsewhere. Thus, in the United States during the 1920s and 30s a numerus clausus tacitly operated to curb the entry of Jewish students, many of whom were forced to pursue their medical studies in Scotland, which had the additional advantage of being less costly. Jewish students also came from South Africa.

In the 1930s, a large number of German and Austrian physicians and psychiatrists had to flee their native lands. Many experienced problems in being accepted by English medical schools for the purpose of qualifying. Once again, the Scottish medical schools offered a helping hand to these unfortunate individuals in the form of the Scottish Triple Qualification.


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Only within the past decade have historians been much concerned with eugenics movements outside the United States and Britain. The long neglect of Germany is astonishing, given that country's crucial role in eugenics' rise and fall. Lately, however, the subject has moved centre-stage. Much of the new scholarship is in German, but there is a burgeoning English-language literature as well. In the last two years alone, three books on Nazi biology and/or medicine—by Robert Jay Lifton, Robert Proctor, and Benno Müller-Hill—have appeared in English.

Race hygiene and national efficiency is an important (if brief) contribution to this literature. The focus of recent scholarship has been on the Nazi and Weimar eras, whereas Sheila Weiss explores the movement's birth and early years. She grounds an argument about the character of Wilhelmine eugenics on a close analysis of the writings of Wilhelm Schallmayer, a founder (with Alfred Ploetz) and principal theorist of the movement. In her view, Wilhelmine eugenics was fundamentally meritocratic, rather than racist. It was social anthropologists—not eugenicists—who promoted an ideology of racial superiority. From her analysis of Schallmayer et al., Weiss concludes that Wilhelmine and Nazi eugenics were linked not by a shared Aryan ideology, but by a technological-managerial one. The eugenists aimed at the rational management of reproduction, which they thought essential to achieving national efficiency or power. Their enterprise involved judgments about who was biologically worthy, and who not. Like eugenicists elsewhere they urged policies to promote the reproduction of the "fit" and limit that of the "unfit".

That Wilhelmine, Weimar, and Nazi eugenics all shared a commitment to the social control of reproduction is certainly true. Indeed, it is necessarily true, since such a commitment is the sine qua non of eugenics. But the question remains: to what extent was Wilhelmine eugenics informed by Aryan ideology? Weiss believes that the movement as a whole was fundamentally non-racist.
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She may be right, but her case is not wholly convincing, partly because Schallmayer is the only figure discussed in detail and partly because the evidence respecting other figures is in fact ambiguous.

Weiss asserts that Schallmayer’s views were representative of Wilhelmine eugenicists. However, from the evidence of her book, one could conclude that the movement was actually characterized by a plurality of racial attitudes and thus that no one was typical. Fritz Lenz and Alfred Ploetz, for example, belonged to a secret “Nordic Ring” within the German Society for Race Hygiene. Weiss notes, only to dismiss, such apparent counter-examples, insisting that Schallmayer’s views “permeated the thinking of other race hygienists, indeed the society as a whole”. But her illustrative quotations indicate that she means by this only that other eugenicists accepted Schallmayer’s “technocratic logic”. Weiss has convincingly demonstrated that some important eugenicists, such as Schallmayer and Alfred Grotjahn, were anti-racist. That is an unexpected and important finding. But this reader, at least, still needs to be convinced that the same can be said for Wilhelmine eugenics as a whole.

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In 1937 Dr Jason A. Hannah, a neuropathologist who had worked for the government of Ontario, founded Associated Medical Services, Incorporated, a private company offering a system of medical care insurance through prepayment. AMS enjoyed modest success in the next thirty years, and then, along with all other private insurers, was effectively put out of business by the advent of a state monopoly on most forms of health insurance in Canada. In 1976 AMS began redeploying its considerable reserve fund through its newly-created Hannah Institute for the History of Medicine. In the dozen years of its existence the Hannah Institute has become internationally known in medical history circles as Canada’s principal organization supporting the discipline. It was entirely appropriate that the Hannah Institute should sponsor the writing and publication of a history of the first half-century of AMS. It may also be appropriate that Associated Medical Services: a history nicely reflects both the strengths and weaknesses of AMS’s and the Hannah Institute’s approach to the history of medicine.

The book is in some ways ruthless in its discussion of the character and life of Jason Hannah. He emerges from it as an intensely opinionated, egotistic, stubborn man, whose inflexibility severely limited the growth of AMS during its insurance years, and whose megalomania almost destroyed it during the transition to medical history. Hannah stumbled into medical history largely by accident as he was searching for a way of keeping AMS’s funds out of the hands of tax collectors. Then, in a pathetic quest for immortality, he seized on the idea of building monuments to himself. He would almost certainly have wrecked the whole enterprise, had he not been superseded by Neilson and Paterson, who dutifully kept his name alive through the Institute while telling the truth in the history they have written.

But their appraisal of the Institute’s activities in its first decade is perhaps not so clear-minded. Not all, perhaps not many, outsiders in Canada would share the book’s view that the Institute’s activities have been a success. A more objective appraisal of the Hannah Institute’s support for the history of medicine might suggest that a great deal of quantifiable busy work by the Institute and the Hannah Professors appointed at five Ontario universities has not yet resulted in excellent scholarship or a real stimulus to the teaching of medical history. Partly reflecting its absent-minded, amateurish, and tax-driven entry into the field, the Hannah Institute has yet to come to grips with professional historians’ methods, needs, and aims. This book’s authorship partly symbolizes the failure: neither Neilson nor Paterson knows how to write clear, concise prose or history; consequently they have produced a lifeless, repetitive book about 300 pages longer than it should have been.