

## Book Reviews

the state. Caring for the poor in hospitals and during home visits, individual physicians since the Enlightenment got involved in political reform movements, joining their voices to describe the evils of urbanization and industrialization. Other work has exposed the recent political fortunes of the medical profession itself and its struggles to achieve a healing monopoly. As the Porters point out, less developed are studies focusing on the medicalization of politics, especially the employment of scientific yardsticks and moral authority in the formulation of public policy. This volume is meant as a beginning and incentive for further work. As such it has succeeded.

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**Jacalyn Duffin, *Langstaff: a nineteenth-century medical life*, University of Toronto Press, 1993, pp. xv, 383, illus., £39.00, US \$72.00 (hardback 0-8020-2908-6), £11.50, US \$22.00 (paperback 0-8020-7414-6).**

James Miles Langstaff (1825–89) was a small-town Canadian physician who would be lost to history, despite his incredible record keeping, were it not for Jacalyn Duffin, the Hannah Professor of the History of Medicine at Queens University. Professor Duffin has rescued the man's voluminous records from attics and archives (apparently the longest running set of medical day books in Canada) and gives us a fascinating account of his forty-year "ordinary" medical practice. Aided by a computer, Duffin recorded every doctor-patient encounter in selected years of Langstaff's practice—a total of 26,638 encounters—and subjected the data to detailed analysis. Thorough not only with the 17 daybooks, 11 account books, and miscellaneous documents that cover the forty years, most of which remains the property of the family, Duffin is also wide ranging in her reading of the historical literature. Throughout

the book she makes connections between Langstaff and his community and the larger world of Canadian, American, and European medicine. This is a wonderful book, sprightly and fully documented.

Readers should expect (as Duffin warns, with obvious regret) that the book is a biography of a medical practice and not of a physician. As copious as the physician's notes were, they are not the sort that allow Langstaff himself to emerge independent of his patients and his work. None the less Duffin presents considerable insight into the man's personality and life outside of medicine—his two wives and their 15 pregnancies, for example—by scouring the legal and political records, local newspapers, and by interviewing surviving family members.

Duffin investigates a range of activities in her successful effort to make the tedious hard work of one individual historically significant. She leaves few stones unturned. She provides a picture of this physician's practice that helps us to understand how hard it was to be a small-town doctor. Langstaff travelled to see his patients long bleak miles over abysmal roads in all weathers, maybe to get paid for his efforts, maybe not; sometimes to be appreciated by grateful patients, sometimes to be criticized or replaced. Duffin says that Langstaff's records reveal "that this doctor rarely took a day off, less often left his region, and never attended a medical conference; yet he adopted the innovations of his era" (p. 4). As this sentence indicates, Duffin admires her subject. Her favourable feelings occasionally lead her to forgive too quickly and to put the best possible interpretation on his actions. When Langstaff blunders his way through a smallpox epidemic in 1880, for example, disregarding public health wisdom and covering up mistakes, Duffin none the less concludes that he was "committed to organized public health" (p. 231).

Historians have tried to understand how new medical ideas and practices filter down to the isolated individual physician, and this is a question Duffin poses in every one of her

topically oriented chapters. Langstaff, who trained in a Toronto proprietary school that could not offer a medical degree, followed by a year at Guy's Hospital where he studied with some of the medical luminaries of his age, brought new diagnostic and therapeutic medical science to the bedside. He adopted the flexible stethoscope, thermometer, and ophthalmoscope soon after their introduction in the medical literature, and took up new drug regimens while letting the heroic measures drop away over the years.

Duffin comments about how Langstaff's responses can be read in light of late-twentieth-century medical knowledge and often suggests present-day diagnostic nomenclature to illuminate the case histories. She admits that "a medically qualified person cannot read these documents without attempting to 'diagnose'" Langstaff's patients (p. 71). She does this carefully, always noting whether or not her observation would have been available to Langstaff, and she suggests that "historians are not obliged to forget what they know now" (p. 92), but must try to understand illness categories within their own historical context.

Duffin's writing is evocative in small ways that readers appreciate. An example is when she describes Langstaff's speech before the city council on the bad condition of the roads, which he knew too well from personal experience, as a "cathartic opportunity" (p. 229). She relates that he fixed a patient's dislocated shoulder, "working outside, as he often did" (p. 157) providing us with a vivid glimpse into daily medical exertions. The book is rounded out with maps of the practice, family and community photographs, and numerous tables and appendices, all of which add to its fullness. This is an altogether satisfying book: it is scholarly, sound, exceedingly readable, and we come away having learned something.

**Judith Walzer Leavitt,**  
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**Miriam Bailin,** *The sickroom in Victorian fiction: the art of being ill*, Cambridge University Press, 1994, pp. ix, 169, £30.00, \$49.95 (0-521-44526-4).

"The sick role"—a happy coinage of the American sociologist Talcott Parsons—provides an rich entrée into the social, cultural, moral and personal functions of the sick-bed. That the sickroom was far more than an exclusively medical space was clearly recognized by the Victorians: once social pathologies had been transformed into bodily ailments, it was the task of "life in the sick room" (the title of Harriet Martineau's book on that very subject) to develop social rituals of healing that would mend hearts and relations not less than limbs—as ever, Oscar Wilde had an epigram for it: "I died and came to life again as a patient". Not surprisingly a cult of sickness developed, notoriously amongst families like the Darwins, as illness was discovered to be a source of solace no less than of suffering. For, as Miriam Bailin points out in a perceptive introductory chapter, the sickroom (like the death-bed) became a privileged space where enmities could be ended, confidences shared, and physical intimacies enjoyed free of the snares of sexuality that so often troubled Victorians. In a cruel world, the sickroom secured a rare interlude of kindness.

The core of Dr Bailin's slim book, given over to case studies of the sickroom in major Victorian novels, unfortunately does not live up to the promise of her Introduction. A chapter on Charlotte Brontë hardly goes beyond paraphrase, while another devoted to George Eliot seems misplaced, since (apart from the problematic *Romola*) she was not a devoted "sickroom" writer, Dr Bailin fascinatingly demonstrates that many of Dickens' restless characters finally find rest in illness and experience an emancipatory and redemptive delirium. But given that Dickens provides so many powerful scenes of sickness and nursing—Eugene Wrayburn and Lizzie Hexam, Arthur Clenham and Little Dorrit, Dick Swiveller with the Marchioness, Oliver