

Book Reviews

century on. "For the first time doctors found themselves able to obtain significant results, and recognizing that these could lead to fame and renown, many more doctors began to attach importance to clinical work and, consequently, to the hygiene of hospitals." The majority then preferred the pavilion plan. While cited, Florence Nightingale is upstaged. A further point is made that as soon as germs had been identified and sterilization introduced, doctors saw no advantage in the pavilion form over others, buildings being no longer considered instruments of cure. They advocated the less expensive high-rise hospitals and did what they could to siphon saved funds into medical technology and research. Nurses, meanwhile, clung to the pavilion for its ease of nursing supervision.

Andrew Scull (professor of sociology) traces the Victorian lunatic asylum, "a convenient place to get rid of inconvenient people," from its idealistic beginnings in the early nineteenth century, when it was hoped that real cures might come from diagnosis, segregation, and classification of what had been the undifferentiated mad, homogenized within the general population. But the cure rate remained at about eight per cent, and well-meaning but ever larger asylums filled up with a backlog of incurables. What had been effective moral treatment for thirty patients at the York Retreat proved unworkable in state institutions housing two thousand. The plan of Claybury County Asylum speaks for itself, incidentally illustrating why the word "asylum", originally a refuge as in the words "grant asylum", was debased to "asylum" meaning "loony bin". The endless Italianate façade of Colney Hatch Lunatic Asylum, 1851, reinforces the sad text, as does an elevation of pavilions at Leavesden Woodside and Caterham, 1868, for the "efficient storage for pauper lunatics". "It is in respect to the very evils these institutions were designed to remedy that they are themselves conspicuously defective." Scull grimly foresees that, overflowing with patients to this very day, the obsolete buildings will not easily be obliterated. He does not refer to a considerable dent in mental hospitalization recently made by psychotropic drugs.

This beautiful book can be entered from many professional disciplines. Once within, professionals will enjoy a fresh breath of air if they wander across to the unknown areas: for physicians and medical historians this would mean to consider, perhaps for the first time, the development of the restaurant, the vacation house, or indeed architecture itself, the built environment.

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MARY BROWN BULLOCK, *An American transplant. The Rockefeller Foundation and Peking Union Medical College*, Berkeley, Los Angeles, and London, University of California Press, 1980, 8vo, pp. xxvii, 280, illus., £10.50.

Sponsored by the Centre for Chinese Studies of the University of California, Berkeley, with the springboard of her dissertation on this subject which gained her doctorate of philosophy at Stanford in 1974, this is Dr. Bullock's latest dive into the complex sea surrounding the medical history of the Middle Kingdom. As Staff Director of the Committee on Scholarly Communication to the People's Republic of China, in Washington, D.C., she is well qualified to take us on such a swim, but it is a hard one!

The first chapter (or length if we continue the analogy) starts with the Dedication of the Peking Union Medical College (PUMC) attended by John D. Rockefeller jr., and George Vincent, President of the Rockefeller Foundation (RF), which provided vast finance for the College reaching a peak of U.S. \$293,789 in 1936-1937. Chapter Two outlines their concern to provide "A Johns Hopkins for China" and we then pass through a cosmopolitan concern with a Peking middleman, the Oil Prince's Palace, "to serve our dear old China", a medical Bolshevik, coming up the home length with barefoot doctors and midwives, and the challenge of war to conclude with an epilogue for the ninth chapter.

Whilst the book is attractively covered and beautifully printed, it does suffer from a recipe of American English, repeated abbreviation, and Chinese name romanization which makes it hard to digest. With this, the first half of the book is barely illustrated and much taken up with a

concern for administrative details, so preventing the medical historian from gaining enthusiasm, until the subject of the search for Kala-azar is introduced. Here the gradual transfer from the Western Faculty to their Chinese students is illustrated well and the achievement of the College's students in the vast realms of public health, preventive medicine, and obstetrics is a real highlight. Extensive, meticulously indexed references and bibliography suddenly become vital, when you read of Marian Yang's "retort to the concept that the Nurses Association of China could reserve to itself the responsibility for safely delivering nearly 12 million Chinese babies a year" being "a bold call to legitimize the midwifery profession", but by Western standards "for 80% of deliveries to be done by midwives, the problem is to produce 64,000 of the latter." So our concern and that of the Rockefeller Foundation is engulfed by people and politics, even by war and peace.

Having just shown Chinese obstetricians on their way to the Johns Hopkins something of the British NHS and its maternity medical services, I share with Dr. Bullock's epilogue that events have come full circle, with a concern for quality training both East and West. Whilst I applaud her scholarship and arresting titles, I would regard this full circle as necessarily including some reference to the tissue typing for this American transplant. In 1950 K. Chimin Wong (of Wong and Wu) reminded us that the Peking Union Medical College was established originally before Rockefeller in 1906, when it was called the Lockhart Medical College, in memory of the British medical missionary pioneer, William Lockhart. In an epilogue to another book, another missionary reflecting on the past pioneers, as he too went to China on the Empress of Asia, described the Rockefeller deputation as "coming out to China to express unselfish interest in the people and to dedicate in Peking a great institution which was being given to China for the relief of suffering and the promotion of Christian sympathy and progress." One fears that this book, which had to mention this institution's faults, has become too much of an American apologia at the expense of scant reference to the international tissue typing, of reflecting on the medical missionary pioneer work for this American transplant. Nevertheless, having been inspired by the "quality training" of the British 1935 PUMC Codirector, Preston Maxwell, this reviewer is pleased to add this book to Professor Maxwell's library to enhance this international medical training.

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JOAN S. EMMERSON, *Catalogue of the Pybus Collection of medical books, letters, and engravings 15th–20th centuries held in the University Library, Newcastle upon Tyne*, Manchester University Press for the Library, 1981, 4to, pp. xvi, 271, illus., [no price stated].

Professor F. C. Pybus (1883–1975) gave to Newcastle University his magnificent collection of books, manuscripts, and prints in 1965. Among its 2305 titles, its great strengths lie in the history of anatomy and surgery (especially from 1570 to 1700) and medical illustration. It has important holdings of the writings of Celsus, von Esmarch, Harvey, Scarpa, Simpson, Stokes, Sydenham, and R. L. Tait, and has several volumes not found in the British or the Wellcome Library. There are over a thousand prints (mainly portraits of medical men), and about 100 letters, here given a brief description of their contents. In short, the Pybus Collection is of exceptional value and interest.

Miss Emmerson's catalogue is a record worthy of her charge, and my criticisms and corrections should not detract from her considerable achievements. Many of the difficulties arise from the (Committee?) decision to use the collection as a "guinea pig" in computerized cataloguing and printing. To judge from the preface, there has been a considerable expenditure of effort over many years in devising and altering computer programmes, and, perhaps in consequence, the Greek of the text is vilely printed. Manuscripts and incunabula are catalogued indiscriminately with other books, without even a separate index. For convenience, I list both groups here: MSS.: Arabic: 885 Haly Abbas, *Kāmil aṣ-ṣinā'a*; 1703 Rhazes, *Kitāb al-mansūrī*; Latin: 553 *Anon.* lectures on fevers, 1606 (at Pisa?); Latin and French: 78 Arderne, surgery, c. 1380; English: lectures and notes from Cullen, 523–4; Andrew Duncan, 615; John Hunter,