

defend the conclusion's important points. I suspect, however, that this problem arises from the fact that an over 300-page argument—this is a revised doctoral dissertation—was forced into a 200-page book. On balance, *Nervous conditions* warrants consideration, and will appeal to scholars interested in historiography and cultural history, as well as those interested in the neurosciences and psychology.

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M Anne Crowther and Marguerite W Dupree, *Medical lives in the age of surgical revolution*, Cambridge Studies in Population, Economy and Society in Past Time 43, Cambridge University Press, 2007, pp. xvi, 425, illus., £65.00, \$120.00 (hardback 978-0-521-83548-9).

The core element of this book is an impressive collective biography of the mid-Victorian medical profession, based on a cohort study of 1,938 medical students who first matriculated at Glasgow University between 1866 and 1874, and Edinburgh University (1870–4). Almost 1,300 (1,288) went on to qualify as doctors and their careers form the basis of this study. The two universities trained approximately one in five of all medical students at this time and the authors' conclusions have currency far beyond the Scottish setting.

The determining factor underpinning the study was the presence of Joseph Lister as professor of surgery at Glasgow (1860–9) and at Edinburgh (1870–7), and the shared experience as “Listerians” underpins much of the book; the title reflects the crucial importance of surgery in the evolution of medicine in the half century encompassed by the introduction of antiseptic surgery and its revival during the First World War, where aseptic conditions proved difficult to achieve in field conditions.

The first four chapters detail the students' origins and arrival at the respective medical schools, their shared experiences, the impact of Lister's teaching, and their first five years in practice.

The second half of the book examines the later stages of their careers and the growth of specialism, ‘Listerism in practice’ (with sub-headings entitled ‘Domestic and private surgery’, ‘The decision to operate’, ‘Adapting Lister’, and ‘Keeping abreast’) and the presence of Lister's men abroad, as settlers in the white dominions and as imperial employees or Christian missionaries. The final chapter charts the cohort's continuing presence in the twentieth century and a preliminary appraisal of the financial status of the group in retirement and at death.

Sandwiched between these two sections is a chapter on the small band of women who began medical study at Edinburgh in the late 1860s at the behest of Sophia Jex-Blake. Lister was staunchly opposed to the concept of women practitioners and refused to teach them, and the sections on women doctors sit uneasily. Women were generally excluded from surgery in this period and attempts to integrate them into the story are unconvincing. The reference to Lister and Jex-Blake, both dying in 1912, appears as little more than a contrivance to try and justify their presence in a tale to which they do not belong.

That aside, this is a richly textured work, with detailed case histories of individuals to supplement the quantitative analyses which lie at the heart of the text. Numerous tables and statistics enable the authors to question old assumptions about the nature of the Scottish medical profession, such as the belief that Scots were driven abroad by poverty, and to supply hard evidence of the differences between parochial Glasgow and more cosmopolitan Edinburgh.

Almost a quarter of the cohort settled overseas and the two chapters on this topic show an admirable grasp of medical developments in several countries, although the under-developed state of Antipodean medical history leads to some questionable claims. The statement that “few colonial doctors could afford to give up general practice, although they might also have more than one speciality” (p. 376) does not accord with nineteenth-century New Zealand, where specialist practice, other than ophthalmology, was virtually unknown. The suggestion that New Zealand's Inspector General of Hospitals,

Dr Duncan MacGregor, was well placed to influence surgical practice is also off the mark. MacGregor was originally brought to the colony as professor of mental and moral philosophy and his principal interest was in curbing welfare dependency. The authors state “[w]ho knows whether the emigrants dreamed of returning home?” (p. 271), but many returned more than once to the UK for further education, to visit family, or to seek medical attention.

I also have reservations about the methodology. The desire to start with a neat sample of 1,000 students from each university means that 64 per cent of the Glasgow cohort were not Lister’s men at all, since he left the city before they began study. The 1866 start date also excludes some 1860s Glasgow graduates, such as Rutherford Ryley (New Zealand) and Archibald Malloch (Canada), who were among the first to use Listerian techniques in the colonies. Capturing addresses only every five years, and an over-dependence on the unreliable *Medical Directory*, also introduces doubts about the accuracy of the core data.

With such a large cast, the failure properly to introduce some characters (for example, Scot Skirving who is referred to on several occasions) is understandable. One startling omission from the list of students who became eminent surgeons is that of William Macewen, who does not even feature in the index—which is deficient in many regards—although he is mentioned in passing on pp.120, 200 and 119, where he is named as one of those who “who made their names without his [Lister’s] assistance”. Yet Macewen himself, who filled the Glasgow chair of surgery, claimed in 1923 that he had encouraged Lister at a time when the latter doubted the way forward.

Eyebrows will also be raised at the attempt to link Lister and David Livingstone as “the two great medical heroes of the Victorian period” (pp. 101, 121). Livingstone’s reputation was built on his role as an explorer and exponent of commerce and Christianity, and no obituary appeared in any of the medical journals when he died in 1873.

Despite these caveats, the authors have succeeded admirably in their aim “that a

computer-aided analysis of a large cohort of medical students would offer insights into the experiences of the profession different from more selective sources” (p. 372).

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Anne Borsay and Peter Shapely (eds), *Medicine, charity and mutual aid: the consumption of health and welfare in Britain, c.1550–1950*, Historical Urban Studies, Aldershot and Burlington, VT, Ashgate, 2007, pp. x, 269, £60.00, \$99.95 (hardback 978-0-7546-5148-2).

The principal purpose of the book is to focus on the consumption of medical and social care, charitable assistance, poor relief and mutual aid—specifically to try to give a voice to the users of such services. These twelve case studies form rather a rag-bag of a collection—with broad overviews of educational provision for deaf children sitting alongside accounts of cathedral almsmen; kinship in early modern England; the impact of the enclosure movement on the poor’s allotment rights; a nineteenth-century private mental health sanatorium, and the Co-operative Men’s Guild’s preoccupation with social activities in the early twentieth century (to name the most unusual themes). The chapters are arranged in a broad chronological fashion following a brief introductory discussion on potential linking themes, especially those of trust, voices and negotiated relationships. Very few people, apart probably from reviewers, will read this book from cover to cover. Those that do not will miss some striking similarities and discontinuities, which the editors leave readers to discover for themselves.

Yet by consciously looking for the patient/client voice, it is possible usefully to balance some of the more traditional institutional and professional histories. Stuart Hogarth exploits one of the best examples of nineteenth-century patient autobiography—that of Joseph Townend at the Manchester Infirmary in 1827. This chapter is a joy to read, and with his fine analysis