

Book Reviews

innovation and especially on the emergence of the new sciences, where there is a great deal of duplication between chapters. Indeed, very much of the content relates to general cultural history, having only remote and unspecified relevance to universities. The more traditional role of universities with respect to standardized, scholastic and professional training is relegated to a place of secondary importance. For instance, any reader wishing to discover the changing role of Arabic authors, Aristotle, Hippocrates and Galen in the medical curriculum would not achieve satisfaction by consulting this book. On the wider front the book notably fails to give any meaningful indication of the changing status and effectiveness of the institutions under consideration. Almost as a form of political correctness, the commentary tends to be bland and casually reassuring. Basel, for example, as the only university institution in the Swiss confederation, is described as possessing a "brilliant reputation" during the Renaissance, which was not lost after the Reformation (p. 143). In fact it is recognized that the university declined greatly in the late fifteenth century and was slow to recover thereafter. Although Basel was an important humanist centre, this owed little to the university. There was certainly no evidence of "brilliance" in the teaching of medicine and medical humanism within the university until after 1560.

Even for those spheres of intellectual history granted greater emphasis in this volume, the reader will discover a lack of harmony between the various authors. There are also some striking lapses in accuracy, including more typographical errors than are acceptable in a book emanating from a university press. The text itself is not free from error on some elementary points of fact. Thus the important encyclopaedic work by Theodor Zwinger is entitled *Theatrum vitae humanae*, not *Theatrum universitatis rerum* (p. 500), while Francis Bacon's famous *New Atlantis* dates from 1626, not 1624 (p. 16). The index provides a great field-day for collectors of mistakes, of which a nice clutch relate to the scientific meetings held in Oxford during the

protectorate. The Matthew Wren mentioned in the text was not the exiled Bishop of Ely, but the young cousin of Christopher Wren; John Mayow was not a Fellow of Christ Church, but of All Souls College; Seth Ward was not Professor of Anatomy but of Astronomy; Henry Stubbe was not a Fellow of Christ Church; and even a person without a university education would guess that the John Ward mentioned in this context could not have lived between 1679 and 1758.

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Katherine Ott, *Fevered lives: tuberculosis in American culture since 1870*, Cambridge, Mass., and London, Harvard University Press, 1996, pp. xii, 242, illus., £18.50 (0-674-29910-8).

There is a growing industry of books relating to the social history of tuberculosis, as Katherine Ott demonstrates so well in the bibliographical essay appending her own contribution. For America alone this includes histories by Barbara Bates (1992), Sheila Rothman (1994), David Ellison (1994), and Georgina Feldberg (1995). Katherine Ott does not, however, duplicate material already covered but complements the other histories well.

One difference from these other works is her closer attention to the details of treatment; she clearly has a fascination with the history of science and theory and she expounds on technicalities more fully than other authors. This is no antiquarian interest; she shows how scientific changes contributed to the changing conceptualization of tuberculosis. For example, the thermometer is shown to have directed a shift in attention from fever to temperature, from a bodily experience to a specific measurement. Together with other new instruments of precision, this led to a growing objectivity towards those with tuberculosis. She explains how the disease and its treatment were affected by the early twentieth-century

Progressive Era faith in science, industry, invention and ingenuity. The passion for instruments and technology found its fullest expression in surgery. In the case of tuberculosis this meant artificial pneumothorax and later chest surgery. One such surgical procedure, thoracoplasty, became so popular that it was almost a point of pride to have had one. The therapeutic effect was another story.

Another early twentieth-century development which affected responses to tuberculosis and the ways in which it was represented was the Progressive Era's optimism in the power of the state to solve social problems through legislative control. Ott explains how "Mapping, reporting, and restrictions upon various behaviours characterized state management of the disease" in these years (p. 133). She also notes that hundreds of federal, state, local and company regulations were passed in order to control tuberculosis but very few of them seem to have been enforced. Rather, they appeared to serve a symbolic function.

Her main interest lies in the changing representations of the disease, from phthisis and consumption to tuberculosis. She states her case at the beginning of the book by explaining that what we call tuberculosis today was not the same disease in 1850 that it was in 1900 or even in 1950. Perhaps more than the other historians mentioned above, she writes with an eye to the present. She certainly devotes more space to the post-1950 perceptions of the disease. Her aim is to explain the focus and shortcomings of the present American campaigns against tuberculosis. She explains how nineteenth-century consumption was a constitutional affliction, one in which the whole body was the site of the disease. Twentieth-century tuberculosis was a technologically based entity, grounded in bacteriology and identified by such tools as tuberculin skin tests, sputum examinations, stethoscope, thermometer, and chest x-rays. The legacy of this for the modern era was a total concentration on eradicating the bacillus. She argues that the reductionism of germ theory has made present programmes and

therapeutics highly vulnerable. If germ-directed drugs fail, there is little alternative. Yet to explain the present in this way is simplistic. In her chapter on the early twentieth century, she argues that the "concept of bacterial causation competed with stronger beliefs in environment and a personal constitutional proclivity and so never totally dominated etiology and therapeutics" (p. 54); and again on p. 68 that "germ theory never dominated the field of tuberculosis".

She also sees late twentieth-century tuberculosis, the "post industrial disease", to be very much rooted in victim blaming. She provides good evidence to support this, but underestimates the continuities with the previous periods. "Victim blaming" is shown by Feldberg, for example, to have a long history in the epidemiology of tuberculosis. According to Ott, "Current analysis uses epidemiological categories of risk and responsibility that tend to be morally and politically rather than scientifically firmly based" (p. 158). Here she slips into the belief that epidemiology can be "scientifically" based, and yet the whole thrust of her account is to advocate an awareness of the cultural complexities and limitations of epidemiological tools and the pluralistic cultural meanings of disease. Indeed, she has succeeded in doing this very well, and her book constitutes a major contribution not only to the history of tuberculosis but to the history of medicine in general.

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Robin Marantz Henig, *The people's health: a memoir of public health and its evolution at Harvard*, Washington, DC, Joseph Henry Press, 1997, pp. x, 224, £24.95 (0-309-05942-3).

Defining a niche for this account of twentieth-century public health is difficult. It breaks no new historiographical ground, and there is little here to enhance the knowledge of the historian of public health. Although the work is well written and engaging, it is too