

familiar and as welcome as on their home ground.) In that work and training Professor Waugh and his colleagues have played a leading part, continuing and realizing the vision of the founders of orthopaedic practice and expanding it into modern times.

Local history, like all other historical disciplines, depends upon a close study of primary sources. These have evidently been abundantly available and well used, and a judicious balance has been kept between antiquarian interest and events of great importance. Nottingham was not unique in its poverty, disease or trauma, in the public spirit of its citizens, or in the munificence of its benefactors. The author has placed its problems and solutions in a national as well as in a local context. He has shown how the care of the disabled, particularly the disabled child, has developed over many years, supported by enlightened philanthropy and guided by the best medical opinion available at the time. It was a time of great social awakening and Professor Waugh has well conveyed, not only the feelings and the efforts of those distant years, but the inspiration which is at the very root of modern endeavours in the same field.

To provide a service for a large population, to teach undergraduates and postgraduates in a new university and to conduct academic research at the same time is a difficult task but it has been exceptionally well performed.

Wherever two or three are gathered together there will be as many opinions. Hospitals and Health Services are no exception and the problems are dealt with honestly and dispassionately. The research has been sound, the prose is straightforward, the illustrations are aptly chosen, typographical errors are very few, the two indexes more than adequate. All in all this is an excellent piece of work.

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EVAN M. MELHADO, WALTER FEINBERG, and HAROLD SWARTZ (editors), *Money, power and health care*, Ann Arbor, MI, Health Administration Press, 1988, 8vo, pp. ix, 324, \$32.00

These nine essays by participants in an interdisciplinary MD/Ph.D. program at the University of Illinois Urbana-Champaign deal with “competition theory,” especially in context of the national health insurance schemes legislated in the USA during the 1960s: Medicaid and Medicare. Competition theory is presented as a product, not only of conservative economic theory, but also of the pressure increasing health care expenditure (7.5% of GNP in 1970; 10.7% in 1985) placed on the USA as economic growth slowed in the 1970s. Evan M. Melhado, the only historian in the group, gives an admirably lucid account of why, in this environment, the American agenda for health care reform shifted from government regulation and national health insurance, to deregulation, competition, and market discipline (DRGs, HMOs, and so forth).

The other essays in this collection are ahistorical, with one exception: “The sentimental marketplace: who controls child health care?”, by James E. Black, who is not a professional historian, but a fifth-year medical student. Black challenges an economic interpretation of paediatric ideology he attributes to Kathleen Jones (‘Sentiment and science: the late nineteenth century pediatrician as mother’s advisor’, *J. soc. Hist.*, 1983, 17: 79–96). Black argues: “Pediatricians did not adopt . . . progressive values as a temporary ruse to acquire prestige and larger practices” (p. 210). Jones, however, never held that paediatric ideology was a fig-leaf for “classic market forces” (p. 210)—at least, not in the article cited, or at the page Black cites (page 214, but the Jones article ends on page 96—cf., reference above). Her article focuses on the problem of legitimizing paediatrics as a speciality. Most specialities presuppose a division of labour based on a technique (surgery), or a disease (oncology), or “an organ” (ophthalmology). Paediatrics is defined in terms of a life-stage—a difference that renders speciality status suspect, and which puts specialists into competition with general practitioners. Had Jones spoken to the latter issue, Black might have grounds for his critique. But Jones deals only with the former. She sets out the problem with a quotation from Abraham Jacobi, “father” of American paediatrics: “[Paediatrics] is no speciality in the common acceptance of the term. It does not deal with an organ, but with the entire organism” (Jones, p. 80). Her claim, developed in the context of a

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study of the career of L. Emmett Holt, is that the legitimization of paediatrics depended on several factors: the development of scientific medicine, a focus on prevention, Victorian family imagery, and an alliance of paediatricians and mothers. She is concerned with the “monopolization of access to medical information” but not with money, power, or with competition theory—at least not in the sense that these terms are used by Black and by the other authors in this collection.

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TEIZO OGAWA (editor), *History of pathology*. Proceedings of the 8th International Symposium on the Comparative History of Medicine—East and West, Tokyo and Osaka, Taniguchi Foundation, 1986, 8vo, pp. ix, 199, [no price stated].

This symposium was devoted to the history of pathology. In introducing the book of the conference, Russell Maulitz notes that its discussions centred on pathology’s social transformation and epistemological development, and on the *symmetrical* treatment of modern scientific pathology and folk pathologies. From the evidence presented here, however, most authors favour a single epistemological trail from ancient folk pathologies to modern scientific pathology; and there is little to suggest that folk pathologies persist today.

A number of authors try to evaluate older pathological ideas in terms of newer ones. For example, in his essay on intoxication in medieval China, Hiroshi Kosoto notes that, “it is impossible to grasp the real essence of medical history objectively unless the disease recorded in traditional literature can be confirmed from a modern scientific point of view” (p. 54). Consequently, Kosoto translates descriptions of intoxication in the *Chou ping yuan hou lun* into a modern toxicological terminology incapable of containing the cultural resonances of a medieval Chinese text. If, as Maulitz poses, the boundary between folk and scientific pathologies is porous, then for Kosoto it allows only a one-way flow, for old descriptions of disease “offer a great opportunity for digging out and confirming hidden truths that might, after all, contribute to the further development of science” (p. 54).

Others echo this approach. Hitoshi Igarashi rejects both the “notorious” doctrine of the four humours and nineteenth-century bacteriology as deficient explanations of disease, wishing to supplant them with what he terms a “sympathology” which seeks not only the annihilation of disease, but also ways of co-existing with it. Hsien-Chih Chang aims to show that the Four Great Physicians of the Sung dynasty in China led “Chinese medicine away from reality and into the realm of imagination” (p. 92). In his view, their “excessively theoretical style” only widened the gap between medical theory and practice and the study of anatomy. Finally, although Bou-Yong Rhi notes the concept of pathogenesis is problematic in both modern psychiatry and oriental medicine, he still tries to evaluate older Korean folk-ideas about mental illness in terms of modern science.

Most authors are content to provide partial explanations for the social transformation of pathology. Ulrich Tröhler discusses changing conceptions of pain in seventeenth-century Europe; for Tröhler what counted in this change were scientific, philosophical, and medical factors, so he notes bluntly, “The extent to which religion may have played a part is omitted here” (p. 191). Again, Akira Kajita only hints at a fruitful area of study in making the point that in Edo-period Japan, the Dutch, on whom the Japanese relied as transmitters of European culture, were reluctant to convey Paris medicine. Consequently, he claims, between the eighteenth and mid-nineteenth-centuries Japanese medicine was influenced mainly by that east of the Rhine.

Yumi Hosono asks a different question, “how people of premodern times viewed illness in terms of the society they lived in” (p. 124). This seems to me to question the aims of the preceding authors; to dispute whether one can legitimately apply scientific concepts to traditional societies. It also seems to question whether one can draw a simple historical path. Lay pathologies did not die with the emergence of scientific pathology, but this book does not try to account for their co-existence.