

## Book Reviews

“the discovery and confirmation of universals”. The genealogy of this enterprise is from A. Quetelet and Francis Galton to James McKeen Cattell, Lewis M. Terman, and David McLelland. The present book is primarily about the methodological problems involved in applying orthodox statistical and psychometric techniques to data pertaining to “historical individuals”; quantification, sampling, validity, reliability, and regression analysis are all dealt with. However large the samples of philosophers, composers, Presidents, novelists, absolute monarchs, etc., being dealt with, the focus is ultimately on individual psychological characteristics. Psychology, with its individualist focus, is “the premier behavioural science”. How readers react will largely depend on their attitude to the historiometric project as such. Here the reviewer has a fundamental difficulty in that, disclaimers of a priori conceptual assumptions notwithstanding, the implicit premise is that there is some ahistorical subject-matter, “human nature”, the laws governing which it is the psychologist’s scientific task to identify. In conjunction with the assumption that the individual is the appropriate and privileged unit of analysis this clearly places historiometrics beyond the pale for social constructionists and kindred spirits.

From one point of view the whole enterprise is scientism gone mad, and occasional sentences like “There are at least 2,012 thinkers who exerted some influence on Western intellectual history, and at least 2,026 scientists and inventors boast a permanent spot in the annals of science” do not help. They seem as daft in their way as the vague generalizations offered by historians, which rightly arouse Simonton’s impatience. You can also find herein a “trend line for repertoire melodic originality for 15,618 classical themes by 479 composers active from 1500 to 1950”, “standardized scores on personality dimensions for U.S. Presidents” (Reagan second only to Kennedy in “wit”) and “all-time eminence rankings of classical composers” (Sousa 80.5, Elgar 91, J. S. Bach 1). But Simonton is an old hand by now, and not unaware of the conceptual pitfalls; on the contrary, the whole book is about mapping them out. From another point of view Simonton is heroically extending psychology’s sampling, earthing airy historical hypotheses in empirical data, and pressing doggedly on with a faith in the Galtonian vision increasingly rare even within mainstream psychology.

Granted an initial suspension of one’s disbeliefs, the book is full of interesting (often bemusing) information, wise methodological advice, and frequent insights into specific issues, written in an often engaging style. However different from my own the drum to which Simonton is marching, I am happy to keep him in earshot. He might be number 2,027 after all.

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JOE SIM, *Medical power in prisons: the prison medical service in England 1774–1989*, Milton Keynes and Philadelphia, Open University Press, 1990, pp. xii, 212, £32.50 (0–335–15183–3), £10.99 (paperback, 0–335–15182–5).

Joe Sim surveys professional medical involvement in prisons in England from the end of the eighteenth century, challenging the view “that medical care for prisoners has been a journey from barbarism to enlightenment”. Medical historians familiar with the ideas of Foucault and others will scarcely be astonished by his main thesis of a Prison Medical Service (PMS) integrated into the system of authority relations, committed to the ideology of discipline, punishment, and “normalisation”. Many of the details he presents are, however, both unfamiliar and significant, casting illuminating sidelights on a subject often obscured by official secrecy, public indifference, and professional complacency.

It is more of a sociologist’s book than a historian’s and that of a sociologist openly committed to the side of the victims rather than the possessors of medical power. The past is generally interpreted in terms of the present, as in the too-early description of the PMS as a homogeneous professional entity, and an overall tendency to subordinate the available evidence to the book’s thesis. This aim becomes explicit with the allusion to a “usable past” in the Conclusions, illustrated in concepts like “the legacy of ‘less eligibility’” making prisons themselves “prisoners of the past and of history”. One consequence of the approach is that the

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statements of early reformers are not analysed on their own terms, and their awareness of social conditions is played down. The possibility that even the most disinterestedly benevolent reformer may have had to emphasize continuing discipline in order to give his views any credibility is not considered.

There is an over-emphasis on continuity, making the story repetitious and ignoring modifications over time, e.g. in the terms considered acceptable to describe the prison population in the pages of the medical journals. The currently renewed topicality of the subject would have afforded plenty of up-to-date references from the *BMJ* and the *Lancet*, perusal of which would also have made it difficult to ignore the matter of AIDS/HIV infection in prisons, surprisingly not mentioned in the book. Valuable, however, is his emphasis on resistance and challenges to medical power in parallel with its consolidation, and the awareness throughout of a wider social context outside the walls. His sources include polemical pamphlets and the medical press as well as official records.

Despite the acknowledged debt to Foucault, Sim differs from him, for example in the emphasis accorded to gender relations and the power hierarchy, and the intense "professional gaze" focused on women. The longest chapter is devoted to women in prison, historically and up to date. He also pays special attention to the experiences of ethnic minorities, in relation to the many and varied forms of medically sanctioned oppression, and rejection of its rationale. He is well aware of the need to criticize medical discourse and question the methods and motives of "research".

Even if Sim's book is neither comprehensive nor definitive, nor historiographically impeccable, it has the virtue of stimulating interest and suggesting further lines of possible research, as well as making a worthwhile contribution to an important and under-researched topic.

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**DOROTHY PORTER and ROY PORTER**, *Patient's progress: doctors and doctoring in eighteenth-century England*, Oxford, Polity Press, 1989, 8vo, pp. viii, 305, £29.50.

The consumer's view of any service is far harder to discover and usually less flattering than an occupation's perception of itself, while the notion that the customer's place is in the wrong would have received short shrift in Georgian England. These problems are inseparable, even today, in trying to understand how patients and practitioners relate to each other. Patients, however, differ from clients and customers and in the eighteenth century their social standing, *vis-à-vis* the practitioner's, was crucial. The patients who were actually superior to their medical attendants were a minority, but this position could be reversed when the sick gentleman was dependent on and grateful to his physician or surgeon.

Dorothy and Roy Porter have shown that "sturdy self-help" was the first step when someone became ill, followed, often reluctantly, by medical attention, if only for reassurance. Doctors were denigrated for their incompetence and self-importance, but above all for their fees, which certainly rose in an inflationary, expansionist century. Yet, as the authors make clear, more people increasingly used medical services, doctors became more available and visible, while only Londoners' bills were truly exorbitant. Simple envy of the successful practitioner's worldly trappings (house, carriage, dress) by those who paid his fees, cannot be discounted in these complaints.

Almost certainly the fastest-growing profession in the eighteenth century, as the authors emphasize, the "medical market place was eclectic and open, being determined chiefly by the ability to pay", just like any other service or commodity. The fringe practitioners added incalculably to the overall picture. Choice was an important part of the patient-practitioner relationship, with second and even third opinions sought by the disgruntled or incurable. The profession survived both satire and incompetence as the population grew more and more "doctor-dependent".