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notes on the well-known personalities involved. Some account of the 'unknown' local doctors and their efforts and ideas would have given greater life and variety to the picture. The activity of the Medical Department of the Local Government Board is outlined and the general work of the Medical Officers of Health is described at length. In addition we are given a brief survey of the Military and Colonial Medical Departments and the Poor Law Medical Service. It is very unfortunate that only 21 pages are devoted to the latter and that once again this important other half of State medicine has not been given the attention it merits. The Poor Law Medical Officer was the first public doctor on a national scale and played a significant part in the development of the State medical services.

The author's evaluation of medical research and of the influence of the British Medical Association and the medical journals make important and interesting reading. An inclusion of more statistics on many topics would have been very useful and would have made arguments and generalizations more compelling. The part played by the private practitioner and his gradual involvement with the growing provision of medical care for the poor through early insurance schemes lead to the important discussion of the National Insurance Act of 1911. By this time the whole concept of the need, desirability and possibility of a national health plan was coming to the fore. The tremendous publicity given to the Reports of the Royal Commission on the Poor Laws of 1905-9 and the propaganda writings of those concerned with them made the country as a whole aware for the first time of the problems and the urgent need for their solution. Since that time the relation between the Doctor and the Government has altered radically. In the advance towards the Welfare State there has been no retrogression.

A continuation of the book would have to embrace the third quantity omitted here—a new force—the people. In concluding her study with a quick survey of the American scene, Dr. Brand states that 'health is purchasable—in large part.' Having to face the issue of a national health policy in the mid-twentieth century, America has the advantage that the people are knowledgeable and articulate. So her work will convince many of them that despite the differences between our two countries, the lesson is that national health in its widest ramifications can only be purchased through national effort, and by using national funds on a national scale.

It may be that similar accounts of our own age, however specialized the subject, will in future have a wider base because the people are deeply involved, and that they will contain more of the human side of the social history of medicine, clothing cold facts with an element of broad human values, of actual living experiences, aspirations, successes or defeats. This above all would give an added reason for research in this field and make it even more satisfying to write and to read.

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A History of Ideas about the Prolongation of Life: The Evolution of the Prolongevity Hypothesis to 1800, by GERALD J. GRUMAN, *Trans. Amer. phil. Soc.*, 1966, 56, part 9, pp. 102, \$3.00.

Professor Gruman's study is a compendium of useful quotation for future writers on the subject of human attitudes towards long life. His approach is historical, with little attempt to integrate the wish for Methusalic performance with folk attitudes

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or with the Unconscious—but since, whatever its unconscious overtones, the desire for long life is expressed at the factual and ordinary level in most cultures, including our own, this approach from the literal is justified. Less justified is the coining of ‘prolongevity’ to mean life-prolongation as an aim: Gruman here aims to distinguish hygienism (of writers such as Hufeland or Cornaro), hermetic rejuvenation, and experimental gerontology: some of these have aimed at the attainment of natural longevity and the full human span, others at preternatural extension. Medicine, hygiene and geriatrics now attempt the first, and experimental gerontology the second. In either context or both, ‘prolongevity’ as a new word has little to commend it. Much more interesting is his account of the various rationalizations by which tradition has attempted to keep up its spirits in the face of the unpleasant; resentment at the shortness of life has been depicted as impious and Faustian, attempts to remedy it as hubristic, and death and decay themselves as ‘laudable’ in the sense which formerly made *pus laudable*. We find these magical attitudes in expert writers as late as Warthin, and in lay opinion *passim*. A wider psychoanalytic view of the reasons for the hubristic theory, and for the Adamic view of death as the price of sexuality, might have been in place here. That deep unconscious forces are involved is only too obvious when we reach the contemporary seekers after Pharaonic immortality by deep-freezing the dead. Taoist sexual mysticism (which ran in the inverse sense and depended on the generation of sexual energy) is very fully dealt with—possibly because it has recently been reassessed by Needham—but the Hindu and Buddhist tradition from which it sprang, and in which, as Tantrism, it spread widely in South-East Asia is not dealt with. This rather than the Sino-Japanese branch, which generated alchemy and much European post-medieval speculation on rejuvenatory matters, is actually closer to post-Freudian thinking and makes greater emotional sense to the modern Western reader, in spite of its magic and its ritual syllables. Gruman’s selection of instances, however, pursues the alchemical derivatives of Chinese proto-mysticism, and from these reaches the rational hygienism of the seventeenth century and the empirical science of the nineteenth. For a culture more inclined to deal with its needs by the experimental study and practical control of ageing, than by mystical denial this is the obvious answer to the basic insecurity generated by being determinately mortal. The final paragraphs indicate an awareness that an emotional as well as a practical need is being met by the demand for longer life, but one is tempted to wish for a second history covering the emotional needs themselves. It might well appear that the need to deny and postpone death has been the most important drive behind the general transition from Hobbesian to technological Man, and not only behind the recent and continuing rise of operational research on ageing and its control. In a sense both science, dealing with the body and with objects, and the Sanskrit medico-mystical tradition dealing with the body image and with illusion, are defensive moves against insecurity. Of these the manic defence is the more effective and, for our culture, the chosen one: we owe practical science to the accident of having selected it. Gruman’s accounts of Chinese yogic practice and his suggestion that it brought ‘prolongevity’ into systematic form are inclined to confuse the two modes—as rational and emotional needs are confused in the motivation of our own practical research.

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