

Book Reviews

history of medicine in Louisiana (1958–62) was balanced by the two-volume history of public health in New York (1968); in 1976 he published *The healers*, a history of American medicine, and now *The sanitarians*. Lucidly written, well organised and comprehensive, Duffy's works make pleasurable and informative reading.

The sanitarians spans four centuries of public health in America, from the earliest European settlements to the present day. It is a subject which, as Duffy notes, American historians have tended to neglect, and much research remains to be done. His aim in this book has therefore been to outline the main developments, focusing on organised and institutionalised efforts to improve community health, and to tease out of this account the characteristic patterns which run through American public health history. Many of these are universal, as relevant to other countries as they are to America: acceptance of endemic disease alternating with sharp reactions to epidemic outbreaks; the effects of immigration and urbanisation; the struggle to educate people to replace traditional ways of maintaining health with more effective ones. By detailing the particular experience of America in these areas, Duffy reinforces our general knowledge of the problems which beset the development and enforcement of organised public health measures and policies.

Each country has its individuality, however. In this respect, Duffy's account offers some stimulating insights. In the beginning, for example, there was young colonial America with its unspoiled environment—fresh bracing air, fertile lands, virgin forests, and lakes and streams of pure water. But the colonists brought the sanitary baggage of the old European civilisation with them. The colonies quickly came to harbour endemic diseases and virulent epidemics; the new towns replicated the overcrowding and insanitary conditions which centuries of occupation had created in the Old World.

The huge size of the American continent and the pioneering spirit of the early settlers left a dual legacy to those who attempted to remedy this despoliation in later years. The pioneering spirit was perhaps the root of the evil. Duffy considers that the American commitment to rugged individualism and personal liberty, combined with a suspicion of government controls, have bred a resistance to public health regulations which restrict personal liberty and impose additional costs on business. In addition, Americans have an enduring belief that hard work, thrift, temperance and sound morals guarantee a measure of economic success; this results in contempt for the poor and unhealthy, who are considered responsible for their own misfortunes.

These attitudes reinforced what the country's geographical vastness and early colonial history had initiated: the fragmentation of administrative responsibility for public health, both locally and nationally, as a result of an ever-increasing plethora of privately, municipally, state- and federal-funded agencies. Although Congress has begun, in the last twenty-five years, to attempt comprehensive health planning and co-ordination, powerful vested and local interests (and most recently the Reagan administration) continue to resist and erode such centralising efforts.

The paths by which white middle- and working-class America achieved its modern standards of personal and community health were tortuous but at least led to a satisfactory outcome. There remains the paradox that this wealthy and successful nation still contains pockets of poverty, illiteracy and ill-health more extreme than are to be found in Europe. Duffy is not optimistic about the prospects for improving public health in America towards the turn of the twentieth century, quite apart from such new problems as AIDS. His concluding chapters make sober reading, and leave the reader reflecting on the hidden realities behind the public façades.

Anne Hardy, Wellcome Institute

GERALD N. GROB, *From asylum to community: mental health policy in modern America*, New Jersey, Princeton University Press, 1991, pp. 427, illus., £25.00, \$29.95 (0-691-04790-1).

Professor Grob has made the history of American mental health care very much his own subject, and this third volume takes the story up to 1970, though without any hint of a successor. It can be compared with Kathleen Jones's work on Britain—much shorter but more

Book Reviews

readable—which was completed in the early 1970s, before the tide of “revisionism” hit this subject. Historians of psychiatry now tend to be rated on a scale of “Whiggism”, where Grob would probably score about 50%, anything above being ideologically risky.

In this, as in so many aspects of life, World War II emerges as the watershed. In 1941, American mental hospitals were seen as the appropriate setting for most problematic cases of psychiatric disorder, psychiatry was largely an institutional specialty, and research into it scarcely existed. Within less than a decade, though, this consensus had largely dissolved, to be replaced by widespread belief in the need for a non-institutional system. Wartime experience taught that psychiatric breakdowns came from environmental and social forces, that they should be managed as near to the source of stress as possible, and that the patient should remain in his social group. Grob rightly emphasizes that the mislearning of these lessons was at the root of later mistakes in national policy, but he misses the diagnostic difference—combat stress in young soldiers has little relevance to psychoses in the middle-aged.

Post-war America believed it was capable of anything, including the removal of those adverse factors in society which, it was told by a peculiar blend of Freudian and Marxist thinking, “caused” psychiatric disorder. Siren voices—particularly that of Robert Felix, first Director of the National Institute of Mental Health—assured it that enough money directed into research and “community” services would prevent such illness from happening. The recommendations of a Joint Commission, mainly charged with improving things for the severely mentally ill, were turned round to promote a new system of mental health clinics which in fact dealt with an entirely different clientele. The bright hopes of Kennedy’s legislation were fading fast by 1970, and after that it was downhill all the way.

Grob’s documentation is impeccable and his analysis of trends generally astute. The faults of this volume are similar to those of the previous two—repetition, a ponderous style, and a determination never to use one word where two or three would do. This is a shame because, as shown by his demolition of Andrew Scull in the journal *History of Psychiatry*, he can write with economy and passion when he gives himself the chance.

Hugh Freeman, Editor, *British Journal of Psychiatry*

ANN DALLY, *Women under the knife: a history of surgery*, London, Hutchinson Radius, 1991, pp. xxv, 289, illus., £18.99 (0-09-174508-X).

In her study of British and American women’s treatment by gynaecological surgeons since the early nineteenth century, Ann Dally quotes a smug practitioner’s claim that the kindly gynaecologist may compare favourably with the image of God in the mind of his grateful patient (p. 225). Dally is understandably scornful. One of the purposes of her book is precisely to counter the official history of gynaecology as the story of male saints and heroes liberating women from the suffering imposed by female physiology. Equally, however, she rejects the more recent feminist history of gynaecology as a prominent, brutal chapter in the narrative of man’s oppression of woman. Manoeuvring between these two extreme and simplistic interpretations, Dally believes that she can achieve a more accurate account of “what really happened” (p. xxv).

As this last phrase suggests, Dally, a practising psychiatrist, approaches the complexity of historical causation with the naive assumption that she can eschew ideology and keep attention focused on “the facts” (p. 148). The result is a disappointing volume in which the accumulation of information—about medical legislation passed, operations performed, and gynaecological textbooks published—often replaces any attempt at sustained explanation. Where historical causes *are* pondered, Dally tends to analyse them in vague, general terms lacking chronological precision and relying on psychological truisms. (We hear a lot, for example, about male anxieties in the face of the nineteenth-century women’s movement.) Significant questions are raised, but either never answered or lost in a maze of anecdotal digressions.

Dally’s paramount theme concerns the symbiotic relationship between the development of modern surgery and the emergence of gynaecology as a medical specialty in the nineteenth century. In the course of her investigations, she traces the co-operation of gynaecologists and