

## Book Reviews

Interested scholars, occupied with these matters in their own research, will want to read Borkowsky's tidy summaries.

But more general readers may give the book a pass. The 2,272 utterances of authorities simply do not add up to a thoughtful account placing doctors and their patients in relationship to each other or in the context of their times. It is the kind of book a punch-card sorter might have produced: so that if seven authorities had something to say about subject X, there will be seven cards in the X slot, and seven literature citations in the text. So the text itself is a riot of numbers, one set for the authorities, a second set in brackets for the end notes. As a given page might easily have 15 or so numbers, the reader is much distracted by the flipping back and forth.

Predictably, the author is shocked at the chauvinistic statements to be found in nineteenth-century gynaecology textbooks, but her understanding goes little beyond a kind of slack-jawed amazement, on the one hand, at how different they were from us, and a kind of mournful headshaking, on the other, that maybe things have not changed that much. Borkowsky writes as though she were the first researcher to discover that nineteenth-century doctors thought women different from men. She has so little knowledge of the huge secondary literature on the history of sex roles that she treats Deirdre English and Barbara Ehrenreich, journalistic writers who produced a slim tract on the subject, as authorities, and seems not to know of the magisterial volume of Jacques Gélis on childbirth in France. It is a nasty trick of the publisher to offer this ill-digested account to the public as a comprehensive history of pregnancy and childbirth.

Edward Shorter, University of Toronto

**ANTHONY BRUNDAGE**, *England's "Prussian Minister": Edwin Chadwick and the politics of government growth, 1832–1854*, University Park and London, Pennsylvania State University Press, 1988, 8vo, pp. 208, £18.00.

In the light of two excellent biographies of Edwin Chadwick by S. E. Finer and R. A. Lewis, can another, admittedly published after an interval of 37 years, be justified? Anthony Brundage believes it can, for he claims to have written "a substantially revisionist account that sheds new light on the relationship between the theory and practice of governmental reform" (p.3). Such revisionism as Brundage establishes, however, merely tips his characterization of Chadwick away from Finer's generally sympathetic approach, in which Chadwick's "benevolence" is often highlighted, towards a "repressive" interpretation, as the use of the phrase "Prussian Minister" in the title indicates. Brundage sees Chadwick primarily as a man obsessed with a desire for bureaucratic tidiness and efficiency, with little or no understanding of, or sympathy for, the historical roots of Britain's institutions. His Chadwick is a humourless, unattractive, thwarted autocrat, whose arrogant confidence in the correctness of his own (or Benthamite) ideas and belief in social engineering would have made him a perfect agitator for today's anti-smoking lobby.

Writing in an era when the dogmas of centralization have been discredited, it is perhaps understandable that Brundage is generally critical of his subject. This is not to say, however, that his interpretation is unbalanced, or that he fails to put forward some interesting findings. His account of the Towns Improvement Company and his chapter on Chadwick's involvement in the movement to reform the civil service certainly add to our knowledge. In particular, the latter chapter should be essential reading for anyone interested in the motivations of those who accepted the need for bureaucratic reform yet at the same time were anxious to ensure that "aristocratically institutions" were preserved. Chadwick, the classic nineteenth-century example of a man of talents who rose without access to the normal channels of patronage, was always to be a confounded nuisance to those who sought incremental reform within the traditional limits. One concludes Brundage's book grateful that Edwin Chadwick was generally unsuccessful in his endeavours, even if his legacy included the germs of what has been called "the nanny state".

As a rather bland, functional, monochromatic account of Chadwick's career and the role of Benthamism in the period 1828 to 1854, Anthony Brundage's book can be recommended. It

## Book Reviews

does not, however, supersede the splendid biography of S. E. Finer, which, even after so many years, retains its freshness and vitality. For Chadwick and sanitary reform, Finer and Lewis remain essential.

Michael Durey, Murdoch University

PHILLIP A. NICHOLLS, *Homoeopathy and the medical profession*, Beckenham, Croom Helm, 1988, 8vo, pp. 298, £27.50.

There are several useful historical accounts of homoeopathy in America, but very little has been published on the British story. Nicholls's book will thus become a stock item for courses on medicine in nineteenth- and twentieth-century Britain.

After discussing the relation between the magical simile and the principle of homoeopathy, Nicholls introduces Hahnemann. He follows Harris L. Coulter for an excursion on rationalist and empiricist tendencies in history of medicine, stressing the gender of physicians as a partial explanation of the overall dominance of rationalism. He then approaches his main theme by outlining the professional structures and the beliefs of orthodox medicine in early nineteenth-century Britain. The rationale for heroic therapy is illustrated from texts and journals. This is more than useful "background", for historians of British medicine have been remarkably silent about its practices.

It was the well-connected physician F. H. F. Quin (1799–1878) who introduced Hahnemann's system to Britain. During the 1840s it proved popular from the aristocracy downward; societies, publications, hospitals, and dispensaries appeared; an Edinburgh professor, Henderson, was converted; the regulars took fright. From 1851, the PMSA organized to ostracize homoeopaths, as did local medico-ethical societies. But this was not the only response. Nicholls demonstrates that in Britain, as in America, leading regular physicians turned from heroic therapy, pursued milder treatments and even took up homoeopathic *materia medica*. He argues that by the 1870s, there was a "therapeutic convergence"—regulars had (covertly) learned from the homoeopaths to rely on nature, to test drugs, to use small doses; leading homoeopaths were sceptical of those Hahnemannian principles (e.g. potentiation by dilution) which seemed irrational.

By the end of the century there was more to praise in orthodoxy and less to complain about, unless that is, one became truly sectarian and rejected the metaphysics of most practitioners. Indeed, in the generally depressed history of homoeopathy this century, one major strand has been "Kentianism", an American reinterpretation of Hahnemann based on Swedenborgian philosophy. Homoeopaths closer to regular medicine, embarrassed by the fundamentalists, continued to seek credit through clinical trials and para-orthodox science.

The last section of the book reviews the attempt of British homoeopaths to avoid exclusion from state services. They survived 1911 quite well; in 1948 the London Homoeopathic Hospital was included in the NHS under its own hospital management committee, but it was not recognized as a postgraduate teaching hospital. Since 1974, the hospital has been under pressure from its health authority. It survives because of connections and the growing appeal of homoeopathy. If, as expected, NHS reforms favour consumer preferences over professional interests, homoeopathy could well continue on its recent upward curve.

The history of homoeopathy deserves further investigation, as is clear from essays in Roger Cooter's recent *Studies in the history of alternative medicine* (1988). Nicholls has concentrated on the professional leaders and their publications. We need to know more about "populist" homoeopathy and especially about the practice of "sixpenny doctors". But Nicholls's book is an excellent beginning; it is also generous with information and insight on *regular* medicine in both Britain and America.

John Pickstone, Wellcome Unit, Manchester