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school reform in the nineteenth century. Overall, he offers biographical vignettes lifted out of the context of the medical world in which these physicians practised. Granted he is not interested in the clinical side of their lives, but he frequently misunderstands the thrust of their social ideas because of this lack of context.

Nowhere is this more evident than in the sections that discuss the public health movement. After setting up the unusual dichotomy of public health approaches in his list of types of interaction, he then never uses it in his analysis. Link chooses to focus on two rather obscure figures while ignoring the leaders of the movement. Although he discusses Henry I. Bowditch's anti-slavery stand, Link ignores the large role Bowditch had in state and national public health work. Discussion of choices in public health direction might have offered Link a rich field for analysis, yet his lack of awareness of the complexity of arguments about, for example, focused attack on the tubercle bacillus versus tenement house reform, limits his account to the superficial.

Typographical errors include paragoric (p.151), untrammated (p.211), and experince (p.242). He has Rudolph Matas living 151 years on page 46, and refers to the "Dorothy Reed cell" on page 150 when its usual name is the "Reed-Sternberg cell".

Link has read widely in the manuscript materials of the physicians he describes, and uses them well. His plan is laudable, and this writer agrees with him that physicians with a broad humanitarian gaze are admirable people and worthy role models. Yet ultimately this book fails to convince the reader that such activities are essential to the identity of the superior physician.

Margaret Humphreys, Duke University

JACQUELINE JENKINSON, *Scottish medical societies, 1731–1939: their history and records*, Edinburgh University Press, 1993, pp. 237, £37.50 (0-7486-0390-5).

This study is intended to serve two linked purposes. The first half of the volume examines the emergence and development of the medical society. Part Two comprises summary histories of 135 "senior" and 25 student societies, with details of function, membership, publications, and surviving archival records. Despite the blurb on the jacket, this is not a complete history; although the text contains some later references, the discussion is largely confined to events prior to World War One.

Chapter 1 classifies Scottish medical societies under seven headings, ranging from "general interest" through "convivial" and "specialist" to "professional protection". The attempted analysis of major trends is hampered by a lack of detail on many bodies, particularly those which enjoyed a brief lifespan. Some of the conclusions, such as the suggestion (p. 21) that the post-1910 specialist societies helped bring about the demise of a number of general interest societies, are not substantiated by any evidence.

Chapter 2 considers the intellectual activities of 26 of the 160 societies identified by Jenkinson. An apparently random selection of examples, coupled with erratic chronology (the discussion of "convivial" societies on pp. 38–40 jumps successively from 1921 to 1902, 1844 and 1881), makes it difficult to identify significant changes over time.

Chapter 3 comprises a summary account of the eighteenth-century origins of the Scottish medical societies while chapter 4 is devoted to case studies of resurrectionism and phrenology. The last of the five chapters in Part One focuses upon medico-political issues and state regulation. As with the preceding chapters, the selective use of evidence makes it difficult to determine how typical of Scottish societies as a whole are the examples quoted. The relationship with midwives, for instance, is based entirely on evidence drawn from a special interest group, the Edinburgh Obstetrical Society. A broader perspective is provided in relation to the admission of female practitioners to membership, although little attempt is made to place this in the wider context of women in medicine. The chapter, and the overall analysis, conclude with a short account of responses to the 1911 National Insurance Act.

It is unfortunate that what will undoubtedly become a standard reference work is marred by an unacceptably high quota of errors and omissions, of which there is space to include only a representative sample. Entries for the Paisley (p. 183) and the Royal Medico-Chirurgical Society of Glasgow (p. 185) are referenced to Dow (1989). The bibliography contains no such citation but

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offers a choice of *The Royal Alexandria Infirmary* (1988)—instead of Alexandria—or *The Royal Medico* etc., inaccurately dated as 1991 instead of 1989. The Glasgow Society's entry also points the reader towards Walker Downie (1907), for whom the reader will search the bibliography in vain; his 1923 volume on the Western Infirmary is there, but not his earlier history of the Society. T. B. Henderson, author of the Glasgow Dental Hospital history, is cited in the Dental Students' Association entry as Brown (1960), while the founder of Glasgow's Victoria Infirmary was neither Ebenezer (p. 168) nor Ebenezzer (p. 232) but Ebenezer Duncan. These failings are compounded by a less than helpful index, which offers no assistance in classifying societies by geographical location or by type—a reader interested in phrenology, for example, must painstakingly search from Aberdeen to Kilmarnock to find the names of the “Nine . . . phrenological societies” tantalizingly referred to on p. 73. While Part One offers a useful starting point for fuller appraisal and suggests a number of lines of enquiry, the overall slipshod approach does little credit to author or publisher.

Derek A. Dow, University of Auckland

HAMISH MAXWELL-STEWART, ALISTAIR TOUGH, JOHN HOPE MCCOLL and JOHANNA GEYER-KORDESCH, *Selecting clinical records for long-term preservation: problems and procedures*, Publication No. 5, Wellcome Unit for the History of Medicine, University of Glasgow, 1993, pp. 61, £3.50 (0-9511765-3-6).

Issues surrounding clinical records have concerned historians of medicine for some time now, and the Wellcome Trust recently supported a project to study possible selection procedures. This publication is a summary of its findings, and whilst based on Scottish records, sections I and II contain many useful observations of wider interest.

Section I covering clinical records and medical history is an excellent resumé of the development of modern patient record keeping. It analyses the current difficulties in managing these records, problems also faced with electronic summary data. Ironically, although the computer saves data more efficiently in a fraction of the space, it creates other problems, even more complex. For example, when data are converted into machine readable form, there is usually a subtle, but significant alteration, particularly in the case of diagnostic data, aggravated by inadequate standardization and classification. Thus electronic survey data cannot simply replace the hard copy record.

Section II covers the various options for preserving data, by depositing them in repositories, condensing them (i.e. by microfilming or optical disc technology), or weeding, selecting or sampling them. All of these have limitations, but sampling is inevitable. Hence the differing methods of sampling are clearly set out.

The GGHB opted for a “systematic sampling”, that is, taking records from the whole series at particular intervals, a process that can be speedily done if, as in Glasgow, the files are well arranged. The weaknesses of this approach (for example it will poorly represent rare disease categories or early cases of AIDS), are outlined. Thus a “backup” or series of “buttress” categories were also targeted for certain diagnostic groups. In addition, the available electronic summary data will be used to index a systematically derived sample back to 1961, which will allow complex searches combining variables, and this will be of value to epidemiologists also. Access to the computer data will be by pass word and it will be extended to cover future record creations.

Appendix I summarizes the recommendations for sampling and this might be a basis for a more general advisory guide for hospital administrators and archivists, which is badly needed. Some of the conclusions are perhaps less universally applicable by hospital administrators and archivists than they might expect. This is, to some extent inevitable, given that each hospital will have kept its patient records using different systems, varying amounts will have survived, and there may be other priorities facing those who need to select for preservation. The 5 per cent sample which may be appropriate for the Greater Glasgow Health Board may be considered grossly inadequate elsewhere. However, this publication shows how one health board has tried to find solutions. It will be good to have an update on progress, but in the meantime, others could well study these suggestions. Unfortunately the bibliography was omitted, but footnotes reveal a wide range of useful sources.

Julia G. A. Sheppard, Wellcome Institute