

Book Reviews

Tony Waldron, *Counting the dead: the epidemiology of skeletal populations*, Chichester, John Wiley & Sons, 1994, pp. xiv, 109, £12.95 (paperback 0-471-95138-2).

Palaeopathology in recent years has advanced from the mere identification and diagnosis of pathological lesions in human corporeal remains, although this is still basic in all studies. In the discipline today, diseases are not considered solely at individual level, but the aim is an understanding of diseases in archaic communities as a whole. Germane to this is a knowledge of the principles of epidemiology. It is noted however, that in practice few palaeopathologists have this and, until the present volume by Waldron, there has not been an adequate appropriate text. Thus, *Counting the dead* is very timely and welcome. Dr Waldron is a physician and epidemiologist, a very experienced palaeopathologist, and a university lecturer. His credentials for writing this book are probably without equal.

The book is written in a pleasing and easy style. Although, of necessity, technical, it is not so complex as to be unintelligible to the newcomer to palaeopathology, or so simplistic as to be useless to the experienced practitioner. After briefly presenting the history of palaeopathology as an academic discipline, chapter 2 is devoted at length to many important factors relating to skeletal populations which are readily overlooked or not generally appreciated. Waldron points out that the discipline deals with dead archaic populations and that they differ in many respects from living contemporary peoples, not just in the fact that they are dead. The problem of age estimation of skeletal remains, and hence of palaeoepidemiological study is discussed. Even more basic in demography and epidemiology is the completeness, in community terms, of the skeletal population excavated. Waldron deals with this in a very clear and well illustrated way. The chapter on diagnosis is less useful for the experienced practitioner, but will be a good cautionary essay for the enthusiastic diagnostician. It

reveals Waldron's clear interest and specialism in the palaeopathology of joint disease.

Dr Waldron has always been at pains to point out the essential differences between incidence and prevalence, and the non-applicability of the former to palaeopathology. Several other indices of morbidity and mortality are discussed and their relevance to archaic populations is considered. Clearly, there are significant limitations in palaeopathology, and Waldron has forcibly pointed these out. This is particularly valuable and must be realized before real progress can be made in palaeodemography and palaeoepidemiology.

The mathematics presented are, at first, daunting, but are not as difficult as p. 63 initially appears, even to the present reviewer. Chapters 6 and 7 draw together, with examples of frequencies of skeletal anomalies, and with considerations of age and sex, the principles outlined earlier in the book. They demonstrate the way forward and the limitations and scope.

Dr Waldron's admirable, well constructed, easily readable, and eminently clear book is also inexpensive. I recommend it as essential reading to students in palaeopathology and physical anthropology, and to those more experienced practitioners too. It will remain handy on my bookshelf.

Keith Manchester, University of Bradford

John Symons, *Wellcome Institute for the History of Medicine: a short history*, London, Wellcome Trust, 1993, pp. iv, 63, illus., £5.00 (1-869835-34-4).

This short history of the Institute and its antecedents is exemplary for the sure way in which it allies conciseness with readability. Its author, the Institute's Curator of Early Printed Books, has clearly mastered the diversity and unequalness of sources for the long stretch of time covered. This task cannot have been made easier by the known eccentricities and vagaries of many among the *dramatis personae*

involved, not least the leading player himself, Sir Henry Wellcome. So full praise to John Symons for having laid a firm path through this mixed vegetation and erected plain signposts to mark each succeeding stage on the way, as well as for the limpid prose ornamented by irony and understated wit with which he achieves this, to say nothing of his delightful footnotes.

The section which speaks most directly to the reviewer is that evoking the Institute's chrysalis years under Dr Poynter's leadership. Recruited as a young librarian not long before Sir Henry's death, this completely dedicated self-made man was happily able to spend the summit years of his long career turning his beloved though sadly dilapidated library (and later museum) into a handsomely furnished and well staffed Mecca for medical historians from the world over. Those were formative years for the subject in Great Britain. One may doubt whether Dr Poynter, with all his vision, expected his labours to produce the astonishing academic fruits that flourish today. And yet, by an ironic twist this outcome was made practically possible only by the Trust's brave decision to amputate the museum, which Dr Poynter had striven with considerable success to modernize, from the library. This and much else lies in my memory from those vital years between 1960 and 1973. I recall particularly the great camaraderie between staff and readers. Each side learned from the other.

To sum up, John Symons has performed a signal service to the Institute by showing it to be the culmination of an extraordinary sequence of events that can happen, really, only once.

Eric Gaskell, Pressignac

Christopher Lawrence, *Medicine in the making of modern Britain, 1700–1920*, Historical Connections, London and New York, Routledge, 1994, pp. xi, 106, £6.99 (0-415-09168-3).

Overviews of the history of medicine tend to be “useful” at best. Most strive to cover the

field for a specified period, blandly providing some idea of recent trends in historiography. *Medicine in the making of modern Britain* is refreshingly different. It does not purport to be a synthesis of the latest literature, though it draws on the best of it. Nor does it aspire to be either a critique or a polemic, though it is rich in critical thought and highly provocative. It is, rather, in the proper sense of the word, an essay—a wide ranging, yet controlled disquisition, which compels by virtue of its intellectual breadth, sagacity and acumen, but, above all, by having something to say, somewhere to take its reader.

That “somewhere” is the centrality of the “interventive clinical encounter”, or the doctor-patient interaction (diagnostic, therapeutic and preventative). This, Christopher Lawrence maintains, is the defining characteristic of modern medicine. Fashioned by the 1920s into “a transaction of great social and cultural importance in Britain” (p. 3), the clinical encounter, Lawrence argues, has been crucial in determining the nature of health and welfare policy, medical organization, and much of the categorization, diagnosis and conceptualization of “sickness”. Moreover, it lies “at the heart of the current medical crisis” (p. 4). *Medicine in the making of modern Britain* takes as its *leit-motif* the problem of how this privileging of the clinical encounter came about, or how, and at what cost to other bodies of knowledge, practices and social relations, it was fabricated.

Discursively, Lawrence tracks ‘The Enlightenment’, ‘The age of reform’ and ‘Modernity’ (each in less than thirty pages), painting in the salient features of medical theory and practice in relation to their contexts, and pointing to the critical differences between each of these time zones. The reader is thus led not only to an understanding of the broad transformations in medicine's organization, practice, meanings and power—from the diversities of the eighteenth century, to the singularities of the twentieth—but also, to an appreciation of the socio-economic, political and cultural conditions under which these processes occurred. The ways in which shifts in assumptions about health and disease relate