

American immigration policy have ignored the exclusion of those with ‘real’ disabilities, thus implying that these prohibitions were simply ‘common sense’. Baynton demonstrates that the exclusion of the disabled was neither logically necessary nor biologically determined. The book thus provides important new support for two of Baynton’s path-breaking articles that have been previously published.¹

The research for this book was thorough and intensive. The many case histories that are so effective in demonstrating and personifying his arguments were extracted by difficult digging in the archival records. His discussions of policy are based on thorough examination of published primary sources, and effectively utilise current scholarship on disability, eugenics and immigration.

Baynton recognises that this research was limited largely to studying European arrivals in East Coast ports, and that Asian, African and Latin American immigrants may have had different experiences. However, this volume will provide an essential reference point for future work to examine the similarities and differences in American policy towards other immigrants with disabilities.

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Eleanor Decamp, *Civic and Medical Worlds in Early Modern England: Performing Barbery and Surgery* (Houndmills, Basingstoke, Hampshire and New York: Palgrave Macmillan, 2016), pp. xii, 277, \$95, hardback, ISBN: 978-1-137-47155-0.

Students of the early modern period and its literature will be familiar with the ‘barber-surgeon’, usually glossed as a medical practitioner who performed a range of services from grooming to bloodletting. Eleanor Decamp seeks to deepen our understanding of this figure, but also to place pressure on the hyphen so that we can see that barbery and surgery were discrete if related occupations. In the process of explaining what made the barber and the surgeon recognisable to their contemporaries, she teaches us how to notice these figures on the landscape of representation. The barber wore an apron – a garment he shared with other tradesmen – but also carried recognisable equipment, linking him to ‘the visible, legible, material world of the tradesman’ (p. 46). While the surgeon might be recognised by his robe and coif, he was a ‘mobile, transient figure who emerges, both literally and figuratively, at moments of crisis’ (p. 47). Barbers were associated with a range of readily identified equipment: razor, scissors, basin, fleam (or lance), soapballs (with attendant puns), cupping glasses, ear-picker, comb. Surgeons had tools, of course, but these were less readily inventoried because they were constantly changing and were idiosyncratic, varying from practitioner to practitioner. In short, while props made the barber, they did not make the surgeon.

The barber was often depicted in his shop, announced by a basin, a pole, even strings of teeth. In contrast, surgeons went to patients, working at the site of injuries on ships and battlefields, in households and workplaces, and sometimes in hospitals or their own homes. As a consequence, on the stage, Decamp shows, the surgeon has no place and no

¹ Douglas C. Baynton, ‘Defectives in the Land: Disability and American Immigration Policy, 1882–1924,’ *Journal of American Ethnic History* 24 (Spring 2005), 31–44; and ‘Disability and the justification of inequality in American history’, in Paul Longmore and Lauri Umansky (eds), *The New Disability History: American Perspectives* (New York: New York University Press, 2001), 33–57.

iconic props. Because surgeons opened bodies, the stakes of their practice were higher: 'To play a surgeon is a diabolical act; to play with barbering is harmless foolery' (p. 90). Barbers were often associated with deception; barbering is a show, even a put on. In contrast, perhaps simply because playwrights knew less about surgeons than they did about barbers, surgery is a secret and occurs off-stage. If we see it, that's because it is irregular or questionable in some way. In contrast to the chatty barber, the discreet 'surgeon's lack of spoken language is his narrative' (p. 190). Insisting that we always contrast the barber and the surgeon in this way, Decamp models a double vision that defines each occupation in terms of the other.

Rich texture and evidentiary range distinguish this book, rather than bold argument. Decamp draws on an extraordinary range of primary sources, creatively gathered and interpreted. For instance, she several times makes good use of artefacts excavated from the wreck of the *Mary Rose* (a Tudor ship). She also consults wills, inventories, language manuals and dictionaries, medical treatises and ballads. Above all, she mines a wide range of plays, as the word 'performing' in her title might signal. First and last, she considers Lyly's *Midas*. But she also discusses, among others, Jonson's *Epicoene* and *Staple of News*, Webster's *Devil's Law Case*, Marston's *Dutch Courtesan*, Beaumont's *Knight of the Burning Pestle*, Middleton's *Fair Quarrel*, Markham and Sampson's *Herod and Antipater*, Fletcher and Massinger's *Sea Voyage*, Fletcher's *Monsieur Thomas*, and Chettle's *Hoffman*. She devotes the central chapter to case studies of Shakespeare's *Titus Andronicus* and *King Lear*. The non-dramatic texts to which she devotes sustained attention are Thomas Nashe's pamphlet *Have at You Saffron Walden* and an anonymously authored attack on Nashe, *The Trimming of Thomas Nashe*. While her discussion ranges from her earliest play, Richard Edwards's *Damon and Pithias* (first performed 1564–5) to the end of Restoration, the weight of her evidence comes from the period we associate with the flourishing of the drama: the later sixteenth century to the mid-seventeenth century. Her focus is London and the writers and cultural institutions centred there.

Why is drama the central body of evidence here? Decamp links her choice to 'the meaning-making of drama, which is interested in questions of legitimacy, the correspondences between constitutional and corporeal bodies, the consequences of attempting to 'reach beyond' your lot, and the hazards of being misread and falsely labelled (directly or indirectly)' (p. 4). Barbers and surgeons were 'in the business of altering, amending, reinventing, and reshaping bodies and therefore identities' (p. 18), which was also a preoccupation of the stage. She also argues that 'forms of disguise which accompany the representation of a specific character (a barber or surgeon), as opposed to a specific actor, showcase production itself, and makes those characters discernable theatrical constructs, on or off the stage' (p. 63). The moments at which Decamp discusses the close connections between her topic and her archive are among the most interesting and useful in the book.

In four of her five chapters, Decamp contrasts depictions of barbers and surgeons with respect to props, disguise, sound and language. In the chapter at the centre of the book, she proceeds a bit differently, offering case studies of how the associations around 'hazardous barbering' intensify moments of high crisis in Shakespeare's *King Lear* and *Titus Andronicus*. Although Decamp here addresses the best-known of the plays she has chosen, the chapter's argument is the book's most argument-driven and provocative. Decamp focuses on the scene in *Titus* in which Lavinia assists her father in murdering her rapists, Chiron and Demetrius, and making them into a pie to feed their mother Tamora. Decamp focuses our attention on the basin in which Lavinia collects the blood, an object associated

with barbers, who used it for shaving and for bloodletting. In *King Lear*, Decamp again focuses on a scene and a prop, here the blinding of Gloucester and the chair to which he is first bound. Both objects, she argues persuasively, would have evoked the medical side of barbering and customers' terror at their vulnerability to the person who collected their blood in a basin or tied them to a chair to extract teeth. Neither play or scene mentions 'barber-surgery', that hybrid space in which barbers performed services we would now consider medicine. Yet, Decamp argues, the plays depend on a 'lurking medical and civic satire' (99) of the barbarism of such commonplace practices. While other playwrights portray such practices in city comedies, Shakespeare draws on them in these two tragedies, indirectly evoking them to heighten trauma.

In the course of the book, Decamp suggests that barbering was a literary resource in a way that surgery was not. The barber figure moves from medieval drama, through popular dramatic scenes culled from earlier plays for performance during the interregnum, to the Restoration. This is not true for the surgeon. 'Put crudely, barbering material was evidently popular so playwrights made ample use of it to stuff their works: filling subplots, creating interludes' (p. 177), just as barbers purportedly used the hair they cut off to stuff tennis balls. The barber is also closely associated with the playwright and the barber's shop with the theatre. Like the playwright, the barber 'was endowed with the ability both to expose and to conceal or reconstruct a client's social standing and/or very nature' (p. 64). Just as playgoers are still called audiences or hearers, so the barber's shop was a 'sound-market' where 'ears were treated, entertained, and abused' (p. 136) and news and gossip exchanged.

Decamp's thorough and erudite book will not only train readers to notice both barbers and surgeons in early modern drama and early modern English culture more generally. It also tunes our ears, as barbers might have, to the complex, historically specific resonances of objects (such as basins), words (including 'trim' and 'barbarous'), and names including Lavinia (associated with washing) and Chiron (who shares with the surgeon a root in the Greek word for hand).

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Helen Dickinson and Janine O'Flynn, *Evaluating Outcomes in Health and Social Care* (University of Bristol: Policy Press, 2016), pp. xviii, 144, £12.99, paperback, ISBN: 978-1447329763.

Evaluating Outcomes in Health and Social Care is the fifth in a series of five books on health and social care partnerships, recently updated to take account of new studies and changing policy developments since first published in 2008. The book is aimed at students, practitioners, managers and policy-makers in health and social work/care. Health and social care partnership is in itself a topic which has presented considerable challenges to policy and practice in different countries for decades. In addition, this book also aims to tackle the complex issues of evaluation and outcomes, which is no mean feat. The authors usefully blend context and history, an overview of evaluation methods, theoretical approaches, practical examples and links to reading and resources in pursuing their quest.

A key point made in this book is that although evidence of outcomes of partnership working for people who use services is still thin on the ground, a patchwork is emerging.