

Book Reviews

(Manchester University Press, 2002). Now, with this new book by Ian Dowbiggin, we have a companion volume that charts the history of the euthanasia movement in modern America.

Opening with the Jack Kevorkian case, Dowbiggin's book has six short chapters. The first charts the history of euthanasia as a concept and a practice from classical Antiquity to the Progressive era. The next, entitled 'Breakthrough', covers the period 1920–40, and the establishment of the Euthanasia Society of America (ESA) in 1938. The third chapter, called 'Stalemate', surveys the struggles of the ESA with the Roman Catholic church in the years 1940–60. Chapter four, 'Riding a great wave', deals with the period between 1960 and 1975, including the reinvention of the ESA with the idea of passive euthanasia in the 1960s. The following chapter, 'Not that simple', covers the splits that characterized the 1970s, and the emergence of new populist right to die organizations in the 1990s. The conclusion deals with the 1990s and beyond, a period when many Americans have come to believe that euthanasia or assisted suicide would be bad public policy, and when no conclusive outcome is in sight.

Dowbiggin has had privileged access to the files of the euthanasia movement, and he is keen to explode the myths that euthanasia only began in the 1960s and 1970s, and that it should be seen as a triumphalist struggle. Other important themes that emerge from his admirably brief but wide-ranging study include the way that euthanasia intersected with other progressive social causes, such as birth control, abortion, and eugenics. Euthanasia was seen "as a critical component of a broad reform agenda designed to emancipate American society from anachronistic and ultimately unhealthy ideas about sex, birth, and death" (p. 30), but also was bedevilled by perennial fears that mercy killing would be extended to people with disabilities. Dowbiggin shows that support for euthanasia in the 1900s was due more to shifting ideas, attitudes, and social forces than to changes in medical practice and technology. Equally important have been the interchangeable social, biological, economic, and humanitarian justifications that have been advanced in its support. A final theme running

through Dowbiggin's history is the tension between public authority and personal autonomy, between paternalism and individual freedom. He ends with the new issues posed by September 11, and concludes that the question of "where does the freedom to die end and the duty to die begin" remains unanswered (p. 177).

One of the difficulties faced by Dowbiggin is that he has to contend with a large cast of individuals (Felix Adler; William J Robinson; Charles Francis Potter; Charles Killick Millard; Inez Celia Philbrick; Eleanor Dwight Jones; Joseph Fletcher; and Olive Ruth Russell among others). Similarly, by the 1970s the picture becomes very complex as the movement fractured into numerous smaller organizations with frequent name changes (the Society for the Right to Die; Concern for Dying; the Hemlock Society; Choice in Dying; Partnership for Caring, and so on). Nevertheless Dowbiggin has coped admirably with these problems to produce a thoroughly researched and well-written history that convincingly explains the reasons for the ebb and flow of support for euthanasia, locating these movements within wider national and international contexts. Dowbiggin is unable here to engage with the recently published Kemp volume. However, comparative studies of Britain and America (and elsewhere) would seem one obvious way to provide new perspectives on "society's long struggle to deal with the grim reality of human disintegration that we call death" (p. xiv).

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Martin Dinges (ed.), *Patients in the history of homoeopathy*, Network Series 5, Sheffield, European Association for the History of Medicine and Health Publications, 2002, pp. xiii, 434, UK £39.95, Europe £43.33, USA £52.10, elsewhere £47.82 (hardback 0-9536522-4-6).

Using an array of sources from the eighteenth to the twentieth century, this volume addresses the question "Why did and why do patients come to homoeopathy?" The answer is framed in market model terms in four sections: patients in

Samuel Hahnemann's (1755–1843) practice, homoeopathy in the medical market, patients' choices and lobbying work.

Martin Dinges and Robert Jütte emphasize the "modern" nature of Hahnemann's practice, whereas Iris Ritzmann highlights Hahnemann's eighteenth-century idealism. His professionalization of the physician's role, Dinges notes, was achieved by resisting house calls, expecting patient compliance, and portraying the doctor as an "expert". Similarly, Jütte notes Hahnemann's grading of fees, payment up front and refusal of treatment on non-payment represented a break with the patronage system of the period. Ritzmann disdains Hahnemann's formulation and selling of a scarlet fever children's vaccine as shameless profiteering, whilst Kathrin Schreiber questions Hahnemann's persecution in Leipzig, claiming he left for new patients and subsequently constructed conflict for publicity.

Construction was also involved in patients' perceptions of their illnesses, according to Michael Stolberg and Martin Dinges. Through doctor/patient correspondence, patient interpretations were translated from humoral to homoeopathic theory. Dinges notes male conceptions of the body were constructed out of humoral pathology, dietetics, hygiene and morality. Anna-Elisabeth Brade cautions homoeopathy's efficacy cannot be evaluated from patient letters, but that such reveal consumption patterns. Letters to Jensen, a Danish homoeopath, thus show a mainly male, lower middle-class clientele that remained unconcerned by the lack of government backing for homoeopathy.

Patient choice is found to be socially structured along class, status and gender lines by both Phillip Nicholls and Alexander Kotok. Nicholls finds homoeopathy in nineteenth-century Britain was used by the aristocracy, the poor and women. In Russia, Kotok finds elite endorsement led to use of homoeopathy in the army, whilst a shortage of doctors led to widespread lay domestic use. Sigríður Svana Pétursdóttir shows how, as in Russia, Iceland's shortage of physicians for its scattered population fostered homoeopathic

self-prescribing as well as leniency in licensing homoeopathic physicians.

Olivier Faure reveals how the twentieth-century practice of a Paris homoeopath attracted "medical shoppers", rather than firm adherents to homoeopathy. This is confirmed by Marijke Gijswift-Hofstra, Anna Hilde van Baal and Osamu Hatorri. Gijswift-Hofstra explains the successful, but illegal, homoeopathic practice of the Haverhoeks in the Netherlands in terms of their appeal to a middle market ignored by philanthropists and elite practitioners.

This contrasts with the contemporary scene outlined by Martina Günther and Hans Römermann in Germany and Lore Fortes and Ipojucan Calixto Fraiz in Brazil. Both studies reveal contemporary homoeopathic patients to be highly motivated, educated and young. Belief in homoeopathy's efficacy and self-responsibility appear to be the primary motives for seeking treatment in both countries, with Brazilian patients viewing homoeopathy as a separate medical specialism. The bi-polarizing term "alternative" should thus be dropped in reference to homoeopathy, Fortez and Fraiz claim. Gunnar Stollberg, describing the homoeopathic doctor/patient relationship as both pre- and post-modern, disagrees, adopting "heterodox" to describe homoeopathy as distinct from "normal science", but this is based on the dubious claim that the homoeopathic consultation remained unchanged throughout the nineteenth century.

Whilst Anna Hilde Van Baal finds lay support absent in nineteenth-century Flanders, Bernard Leary claims such backing was vital in the establishment of homoeopathy in nineteenth-century Britain, the elite defending it in parliament and lay groups establishing and supporting institutions. Hatorri also finds lay groups influential in Württemberg but shows how these brought them into conflict with professional homoeopaths. Anne Taylor Kirschmann claims lay support in America from the American Foundation for Homeopathy (1924) succeeded in preserving homoeopathy during the twentieth century, providing a vital link between its late-nineteenth- and early twenty-first-century incarnations. American

homoeopathy also continued to enjoy élite support in America from 1900–40 according to Naomi Rogers, such not declining with the discoveries of Pasteur and Koch. This overturns Kaufman’s “medical heresy” thesis, Rogers claiming homoeopathy declined rather through educational reforms and marginalization by the Rockefeller Foundation.

Despite some “Hahnemann bashing” borne of inadequate contextualization, this is a useful volume revising stereotypes surrounding homoeopathy and showing how patient motivation varies with social, national and historical context. Homoeopathy’s versatility, perhaps its universality, comes across clearly, suggesting its future survival is assured.

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Howard Phillips and David Killingray (eds), *The Spanish influenza pandemic of 1918–19: new perspectives*, Routledge Studies in the Social History of Medicine, London and New York, Routledge, 2003, pp. xxii, 357, £65.00 (hardback 0-415-23445-X).

Like volcanic eruptions, we are told that another large influenza pandemic is expected soon. However, unlike seismic activity readings there are few warning signs which virologists can exploit. This volume illustrates that history can, and should be, a key component in the bureaucratic toolboxes of states and international organizations with responsibility for disease control. There are some excellent papers here which illustrate the potential for this type of expertise. Their focus is a pandemic which is still (just) within living memory, and which claimed the lives of over 30 million worldwide in less than six months.

It was interesting to see how the SARS outbreak in 2003 drew for historical comparison on the nineteenth-century cholera crises rather than on this more recent and much more devastating influenza pandemic. Indeed, several of the papers in this volume examine the anomaly of this forgotten crisis. Myron Echenberg’s study of Senegal and James

Ellison’s anthropological investigation of tribal memory in Tanzania pick up oral history which is skewed towards parallel, but equally devastating events of famine and plague. The 1919 influenza pandemic in Africa persists in the margins of colonial history, variously identified by its focus (administrative) and its style (paternalistic). For other geographical regions the pandemic and its historical analysis are coloured by the other destructor of the early twentieth century—the First World War. Indeed the transmission of influenza outwards from the European epicentre of the conflict by troops returning home to Canada, Australia and other far-flung colonies serves to highlight the truly global impact of the war.

It was the Canadian troops returning home in 1919 who took influenza with them, “its tentacles reaching into smaller communities along trade and transportation routes”. The paper by Ann Herring and Lisa Sattenspiel which models the impact of infectious disease on the community/family level, and that by Jeffery Taubenberger on the exhumation of victims buried in the arctic permafrost in an attempt to identify the genetic characterization of the 1918 virus, are two of the most innovative responses to the problem of how to mine this brief but devastating event for information that might prove useful to future virologists.

Howard Phillips and David Killingray as editors have had a tricky job in bringing these papers together into a coherent structure. They have selected papers from the 1998 international conference to address key headings: virological and pathological perspectives; contemporary medical and nursing responses; contemporary responses by governments; the demographic impact; long-term consequences and memories; and epidemiological lessons learnt from the pandemic. These are all exemplary themes, and there are some fine papers here which use the pandemic as an effective magnifier for some fascinating wider debates (Andrew Noymer and Michel Garenne on the impact on sex-specific mortality differentials in the USA, to name but one). The editors have striven to achieve a global coverage to match that of the pandemic, but several of the papers are disappointingly thin,