

Book Reviews

research and treatment in the developed and developing worlds.

One of this book's aims, as expressed by the editors, is to show how historians can engage in debates on current responses to specific disease problems. This is successfully realised in many of the chapters. One such is David Barnes' exploration of society's treatment of Patient Zero. He considers the way the media have caused fear by sensationally 'outing' successive Patient Zeroes, who become, in the public mind, dangerous suspects rather than patients needing care. He examines how a Patient Zero often comes from a poor, marginal or ethnic minority, leaving society fearful of a whole group, such as immigrants or the homeless. He points out that it is easier to target an individual patient than to propose serious strategies to combat the immunosuppression that leaves individuals vulnerable to disease. Barnes moves from Typhoid Mary, to the SARS epidemics, to the societal response to the air travel of drug-resistant tuberculosis cases in 2007. This makes the historical consideration of specific current disease problems very relevant today.

This book states in its first paragraph that it focuses on pulmonary (lung) tuberculosis, and that important histories remain to be written with regard to 'crippled children' and those with disseminated disease. It seems a pity that this work also continues the historiographic tradition of neglecting children with bone and joint tuberculosis. It is, however, a useful addition to the history of tuberculosis canon, addresses contemporary issues, and is a fascinating read.

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James McKenna, Farhat Manzoor and Greta Jones, *Candles in the Dark: Medical Ethical Issues in Northern Ireland during the Troubles* (London: Nuffield Trust, 2009),

pp. v + 149, no price given, paperback, ISBN: 978-1-905030-32-3.

This is an important book that will appeal, not only to historians of medicine, but to social historians and those interested in the history of the Troubles in Northern Ireland. The authors have given an insightful account, which at times makes difficult reading, but which, nevertheless, is significant in its contribution to the history of the Troubles, encompassing the period from 1969 until the second ceasefire in 1998. The research conducted for this book is a momentous achievement: the authors conducted oral history interviews with over two hundred people over a three-year period, with the chief objective of trying to find out how difficult it was to conduct medical work in Northern Ireland in the period, and 'to maintain the medical codes of ethics governing health care' (p. 2). The interviewees consisted of health professionals, patients, ex-prisoners and medical staff working in prisons. The authors draw attention to the particular problems of oral history in the case of Northern Ireland, but in spite of these, the book as a whole gives a balanced view of the issues of both sides of the Divide, and the oral history accounts are compelling and give a personal insight into the experiences of men and women during the Troubles.

Following the introduction and a chapter on the background to the history of the Troubles in Northern Ireland, the main part of the book opens with two chapters that deal with the experiences of health professionals and patients. The first of these examines the effects of the Troubles on the work of general practitioners in Northern Ireland in the period, in particular, focusing on the difficulties that they encountered while trying to go about their daily work, such as unofficial roadblocks and the increased demand on mental health skills. In addition, the chapter examines the effects on patients, such as the difficulties they experienced in travelling to hospital and how their political and religious persuasions may have affected their choice of hospital and/or GP. The

next chapter gives an insight into the particular problems that hospital staff and patients had to contend with during the Troubles. Notably, Northern Irish hospitals, such as the Mater Infirmorum, which straddles 'one of the most fraught community interfaces in Belfast', witnessed a great deal of civil strife and violence during the Troubles (p. 43). The chapter also addresses the issues of staff and patient security in Northern Irish hospitals in the period, indicating how these factors 'complicated the lives of medical professionals and intruded directly on the delivery of medical care' (p. 63).

The final two chapters deal with the issue of medical care in prisons during the Troubles. The first of these is largely based on the allegations of prisoners and gives an insight into the effects of the Troubles on both prisoners and prison doctors during the period. The final chapter deals with the topic of 'Prison Protests', in particular, focusing on the 'Dirty Protest' and the strain it placed on medical services. This chapter was well balanced, and gave adequate focus to the experiences of prison medical staff, the stories of whom are often neglected in broader histories of the Troubles. Doctors working in prisons were targets for assassination on the outside, and the type of work they experienced resulted in consequences for their mental health, with one senior doctor, 'Dr P', who nursed most of the hunger strikers, representing a victim of this and committing suicide, arguably as a result of the pressures of his job (pp. 105-6).

This book is a significant contribution to the history of Northern Ireland, examining the history of the Troubles from the perspective of those delivering and receiving medical care. The oral history accounts which form the basis of the book will represent a valuable historical resource for future generations of historians.

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Katherine D. Watson, *Forensic Medicine in Western Society: A History* (Abingdon: Routledge, 2010), pp. vi + 214, £18.99, paperback, ISBN: 978-0-415-44772-0.

In recent years, forensic medicine and science has captured the public imagination. Dominated by new laboratory-based techniques, modern practitioners and the public they serve live in an apparent era of forensic infallibility, characterised by precision methodologies deemed capable not merely of solving the most intractable of contemporary criminal cases, but also of retrospectively assessing, and often correcting, conclusions derived from past investigations.

This trend has not gone unnoticed in the academic literature. Driven primarily by analyses grounded in the sociology of scientific knowledge (SSK) and critical legal studies, scholars have sought to contextualise what many regard as the 'new paradigm' of DNA-driven forensic investigation. This work, which has largely focused on the challenges faced by practitioners in their efforts to secure it as credible, reliable, and practicable, has made DNA profiling (arguably) the best historicised forensic technique of all time. Historians of forensic medicine and science have also been busy, exploring earlier investigative methods on their own terms, examining how they operated, and their impact on how investigations were conducted and evidence judged. As Katherine Watson rightly points out in her accessible and instructive textbook, this historical literature has been largely confined to the Anglo-American context, and is for the most part driven by case studies – either of specific techniques and disciplines, or of specific cases in which these were deployed. Thus, while two decades-worth of such work has yielded much important information and, for those familiar with the literature, has developed a discernible research field, its fragmented quality has restricted its accessibility to students and scholars from outside.

In six short chapters, Watson attempts to rectify this situation by surveying the main