

Book Reviews

fascinating interpretation involving possible long-term effects of micro-organisms on the workings of the immune system and on the body's ability to repair minor damage. While some demographers will find this analysis speculative and threatening in its challenges to statistically precise patterns of trend and causation, most will recognise a fundamental challenge to the validity of any disease-by-disease approach and an encouragement to treat statistics as only a starting point in our attempts to understand the long-term impact and processes of disease.

This book has weaknesses, notably the repetitiveness of some of the argument and Mercer's reluctance to give credence to inconvenient findings on fertility in England in the pre-registration period. And there is too little about "global phenomena". In general, however, this is a synthesis to be recommended to any medical historian looking for a concise survey of long-term trends in disease, informed by recent experience in the developing world and by modern theories of disease transmission.

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JACK D. ELLIS, *The physician-legislators of France: medicine and politics in the early Third Republic, 1870–1914*, Cambridge History of Medicine, Cambridge University Press, 1990, 8vo, pp. xii, 305, £35.00, \$49.50.

As the title of this book suggests, its focus is more on legislators who happened to be physicians than on physicians who happened to be legislators. Despite the political focus, there is much to recommend it to historians of medicine. The author's basic goal is to examine the often noted but little studied high proportion of physicians in the parliaments of the French Third Republic. The fact is easily demonstrated. Doctors accounted for 10–12 per cent of legislators during most of the period, fewer than the 30–40 per cent who were lawyers but greater than any other profession and far greater than their medical counterparts in other countries such as Britain, Germany or the U.S. where the number of physician-legislators at any given time could be counted on the fingers of two hands.

The explanation and consequences of this fact comprise the body of the book which is essentially a collective biography of the 358 physicians (defined as those with a doctorate in medicine) who won election to the French National Assembly or Senate from 1871 to 1914. The core of the study is based on a computer analysis of variables describing personal background, medical and parliamentary careers culled from archival and published sources. This is a pretty straight-forward methodology, but it is in the presentation of his findings that the author shows a distinct knack for striking the right combination of statistical, analytical and anecdotal information so that the reader is not overwhelmed with numbers or too mired down in trivial detail.

The first part of the book analyses the background and medical practices of the group at the local level in order to answer the question why so many decided on political careers. The best clues are the high percentage with origins in rural and small-town France (65 per cent from places with less than 6,000 inhabitants) who returned to establish their practice of medicine (63 per cent set up practice in places with less than 20,000 inhabitants) after their training in Paris (80 per cent). These university-educated doctors who came from the region and whose occupation brought them into contact with large numbers of common people, became natural leaders in a politically underdeveloped rural France that in 1871 abruptly established a system of universal male suffrage. Referring to the political setting of the doctors' medical practice, Ellis notes, "few could resist being pulled into the whirlpool they created" (p. 83). The author is reluctant to draw such overreaching conclusions, however, preferring instead to present a more systematic analysis of such variables as father's occupation, region of origin, medical training and practice, as well as political campaign platforms. The rich detail of how the practice of medicine became political (47 per cent of the physician legislators had previously been elected mayor) is an excellent complement to the statistical description in this first part of the book.

The second part looks at the doctors' practice of politics in order to see if there was a pattern to their parliamentary careers that followed from their common medical background. Again

Book Reviews

there is a statistically-based portrait, but the author's findings are largely negative. The group was older (a natural consequence of their training and careers before politics) and initially they were more likely to identify with political parties of the left, until the whole character of the legislature itself shifted in that direction by the end of the century. But for the most part, the physician-legislators were more the representatives of their local constituencies than of their profession. This was especially the case with questions of food and drink regulation, health insurance, or industrial hygiene and housing which doctors usually viewed more from the perspective of local economic interests than that of health professionals.

To emphasize the exceptions to this rule, the author concludes with an examination of medical and health related legislation that the doctors generally supported. Utilizing the work of Jacques Leonard and Margaret Hildreth to establish the setting, he makes his case that the physicians in parliament not only supported but also played an important role in shaping such legislation as the 1892 law on the practice of medicine and the 1902 public health law.

The faults of the book are few. Methodologically, the author could have been more rigorous in his collective description of the physician-legislators to show which characteristics were typical of all legislators as opposed to just those who were doctors. Also, the descriptions of the legislative campaigns sometimes read like a chronological list of bills presented, which only touch the surface of complex movements (tuberculosis, mental illness, etc.) whose main thrust lay outside parliament. Finally, to those who might ask whether the main question posed by the author warrants a whole book to answer it, it must be admitted that the topic may be a relatively small niche in the history of modern medicine and politics, but the author fills it well.

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CAROL TROWBRIDGE, *Andrew Taylor Still, 1828–1917*, Kirksville, Missouri, The Thomas Jefferson University Press, 1991, pp. xiv, 233, illus., \$50.00 (0-943549-06-X).

Biographies of the “founding fathers” of “the fringe” are typically more hagiographic than historical, more celebratory than critical. Although the publication of this biography of the inventor of osteopathy has been timed to coincide with the 100th anniversary of the founding of the first school of osteopathy, in Kirksville, Missouri, the author manages to avoid the deification of her subject. Instead, she provides an understanding of the world that shaped his thinking. Drawing effectively on recent work in the history of popular science and medicine, as well as on the local history of society, politics and religion in the “bled” frontier states of Kansas and Missouri, Carol Trowbridge illuminates how Still’s peculiar therapeutic achievement was fully a product of its phrenological, mesmeric, Thomsonian, Eclectic, spiritualist and, above all, Spencerian evolutionary times.

On the whole, Trowbridge is far more successful at elaborating the mind of Still, than at accomplishing her book’s other main mission, to fill in the narrative gaps left in Still’s autobiography of 1897. Particularly in relation to the practical realization of osteopathy, Trowbridge fails to deliver the “new and important facts” promised on her dust-jacket. On the seemingly central question of how Still came by his practice of bone-setting, for example, Trowbridge has regrettably little to say—less in fact than Norman Gevitz in his much broader history of osteopathy. It seems a pity that in a study of this kind the opportunity was not seized to inquire into either the local or the national practice of bone-setting during the 1880s and 1890s when Still was advertising himself as the “Lightning Bone Setter”. Nor is it made clear why Still’s popularity should have “surged” at this point through this conceit. Some attempt at a systematic study of the “hundreds of patients [who] now awaited Still’s arrival in various towns” (p. 137) would not have come amiss. One is left still wondering how the cognitive and therapeutic worlds actually folded together in the invention of osteopathy.

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