

pension-seeking disabled soldiers, anxious working-class mental patients, sexual utopians, blood donors, murderers, mesmerists and great men in crisis. In all this variety, certain common Porterian themes re-occur: the importance of market relationships, of artisan knowledge, of professional self-creation, the meanings of class, the social power of ideas, the historiographical challenge of outsider voices, and the interconnection between the arts and sciences. The essays are of much higher quality (as well as diversity) than in many a *festschrift*, and in most edited collections, and often employ innovative styles of historical writing.

Moreover, many of the pieces (notably Geoffrey Hudson on disabled ex-servicemen, Akihito Suzuki on male anxiety and lunacy, Kim Pelis on the early history of the Blood Transfusion Service, Mary Lindemann on insanity pleas, Emese Lafferton on hypnosis) are genuinely ground-breaking: effectively deploying new archival sources to reveal striking challenges to existing understandings. Elsewhere Adrian Wilson contributes an extremely valuable study of Porter versus Foucault on Paris medicine's differences from Morgagni (a shame, however, that the differences between Porter and Foucault on the modern patient were not explored).

The collection ends, grandly, with two thoughtful pieces on the Porterian themes of psychiatry and the common intellectual context. Daniel Pick explores how Freudianism threatened the already receding Victorian certainty of the autonomy of the will. Mark Micale's equally stimulating final piece focuses on the post-Romantic continuation of the interpenetration of the discourses of science and art.

Does Roy Porter, a largely empirical historian, remain more of a historiographical challenge than more theoretically inclined writers? As Flurin Condrau has argued, the history of medicine has still not satisfactorily responded to Porter's call for full integration of the patient's perspective ('The patient's view meets the clinical gaze', *Soc. Hist. Med.*, 2007, 20: 525–40). Would this mean

unpicking just too many assumptions about what medical history is, or should be, about? Porter's aim, "to see history through people and to allow people to see themselves through history" (p. 13) involves—in its seeming acceptance of actor's categories—a challenging redefinition of the role of the historian and of the nature and scope of history itself. Perhaps it is as such a thorn in the historiographical side—a continual reminder of the purpose and potential value of history (if historians conscientiously reflect on what history is and why)—that Porter's influence will be most keenly felt. In the meantime, let us make do with this excellent collection, which shows that his intellectually thorny legacy is very much alive and pricking.

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Peter McRorie Higgins, *Punish or treat? Medical care in English prisons 1770–1850*, Victoria, BC, Trafford Publishing, 2007, pp. ix, 283, illus., £14.99, €21.41, \$26.07 (paperback 1-4251-0153-4).

Implicated thirty years ago as collusive agents of disciplinary repression by Michel Foucault and Michael Ignatieff, prison medical staff have not fared well at the hands of more recent revisionist penal historians such as Jo Sim. In this published version of his PhD thesis, Higgins, himself a retired medical practitioner, aims to correct what he sees as their biased and inaccurate account and to do so he has utilized records held in county and other archives, and consulted parliamentary papers and contemporary published literature.

Beginning with a canter through the prospectus for prison government offered by the reformers of the late eighteenth century, Higgins focuses on John Howard's emphasis on the duty of the state to provide health care for its prisoners. He charts the subsequent growth of more systematic provision of "prison surgeons" and infirmaries by the supervising magistrates. In the early

nineteenth century these medical staff also began to measure the effects of the environment on the health of prisoners, and he concludes that a competent service developed with an independent ethos of knowledge-based medical care, offering treatments which were closely in line with the accepted methods of the day.

Clinical practice in the prisons was influenced by the prevailing belief that atmospheric miasma communicated much disease. In that context Higgins examines the struggle with specific well publicized diseases such as typhus (gaol fever) and Asiatic cholera and evidences medical staff going to considerable lengths to intervene against these, using methods such as ingenious ventilation devices, sanitary improvement and cellular separation. But practitioners also had recourse to interventions not based on miasmatic theory, for example vaccination against smallpox. Indeed most of the work of the prison surgeon involved recourse to an extensive pharmacopoeia to treat the less dramatically highlighted daily round of illness such as gastro-intestinal, ulcerous and venereal conditions. He concludes that at the forefront of the minds of these staff was combating disease and illness and curing prisoners effectively rather than subjugating and repressing them.

Insanity, deaths in prison (including self-inflicted) and malingering attracted much attention from penal critics at the time, and Higgins assembles a wealth of case material to show the day to day realities behind the public rhetoric before turning finally to the relationship between prison surgeons and the prison authorities such as governors and magistrates. He uses the infamous scurvy outbreak at Millbank Penitentiary in the first six months of 1823 to challenge those who see this as a prime example of callous doctors colluding with the management to drive diets down to the point of starvation.

I have two comments on detail. Higgins's argument that William Baly, Medical Superintendent at Millbank, saw no connection between water quality and cholera

needs qualification. Although admittedly Baly believed miasma to be the primary cause of its spread, my reading of the record is that he also saw foul water as a subsidiary, "exciting" cause. Secondly, what a poster from communist Russia urging death to lice in 1919 is doing reproduced in this book escapes me—I suspect it is a sacred cow the author should have slaughtered.

I accept Higgins's central contention that the history of prison medicine has too often been negatively labelled as collusive repression, although I think he swings the pendulum rather too far in the opposite direction. He has presented a wealth of evidence showing the suffering which prison medical staff encountered daily and the ingenuity and commitment they showed in confronting it. His book is a useful corrective to revisionist texts and, following the recent integration of prison health care with the community-based primary care trusts of the National Health Service, provides food for thought more generally.

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Peter Jones, *A surgical revolution: surgery in Scotland 1837–1901*, Edinburgh, John Donald, 2007, pp. 231, £20.00 (paperback 10-0-85976-684-5).

A wonderful subject, still to be fully fathomed as a serious historical topic, let alone finished: Scotland and the making of modern surgery (or engineering if you do not like blood). That there was a surgical "revolution" in the second half of the nineteenth century and that Scotland was a key setting in which this was brought about are affirmations that seem as sound today as they were when first made by surgeons of the time. Rightly, I think, none of the revisionist history of surgery of the last thirty years has sought to challenge them. In Peter Jones's book they are taken-for-granted assumptions which he exemplifies in detail but does not query or explain. There is