

seems too small to explain such a large change in consumption. The urban share of practitioners declined slowly until the 1690s: between 1590–1619 and 1660–89 it fell from 78 per cent to 73 per cent on one of Mortimer's measures and 86 per cent to 81 per cent on another. Around two-thirds of practitioners are still living in towns at the close of the period. Ruralization is the only hypothesis that Mortimer's data allow him to explore. We must look beyond probate accounts to identify changes in the nature of medicine, particularly the questionable move to chemical medicines that Mortimer suggests.

However, even if we explain practitioners' ability to meet rising demand, we have not explained what drove this explosion in consumption. Two possible explanations, falling prices and shifting disease burdens, can be quickly dispatched. First, prices rose significantly. Second, consumption grew before plague and mortality declined. A fuller explanation will need to consider the wider consumer revolution, changes in taste, middle-class incomes and, I would add, the availability of imported medicines. Explaining demand stands as the major challenge left to us at the close of Mortimer's groundbreaking project.

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John Harley Warner and James M

Edmonson, *Dissection: photographs of a rite of passage in American medicine: 1880–1930*, New York, Blast Books, 2009, pp. 208, illus., \$50.00 (hardback 978-0-922-33342).

Generously proportioned, sumptuously produced, replete with crisp photographic reproductions—at first glance, *Dissection* could

be mistaken for an expensive exhibition catalogue. But this is not a book to leave lying around on a coffee table. Warner and Edmonson have brought together more than a hundred photographs taken in American medical schools between 1880 and 1930, photographs that capture the strange, complex relationship between medical students and the cadavers they dissected.

The images in *Dissection* are divided into six chapters—'Teamwork'; 'Epigraphs'; 'Circulation'; 'Skeleton'; 'Dark Humor'; 'Class Portraits' and 'The White Coat'—and bookended with excellent critical essays by Warner and Edmonson. Warner's essay, on the relationship between photography, medicine and American culture, is typically lucid, accessible and smart. By the 1880s dissection was a well-established part of Western medical training, and acknowledged to be as much a moral education as a way of gaining knowledge about the inner structures of the human body. Warner argues that these images present dissection as a rite of passage for medical students, both an assertion of collective character and a focus of student camaraderie. But he also draws out a tension running through these images and our response to them, between the secrecy surrounding medical dissection (a taboo often made concrete in medical school regulations) and the decision to record, disseminate, even celebrate it in photographs.

Edmonson's essay discusses the challenges of curating these images—taken from a growing collection held at the Dittrick Medical History Centre in Cleveland, Ohio—for a modern audience. He sees them not as an isolated clinical curiosity but as part of a long-established historical genre, one that drew inspiration from Renaissance anatomical atlases and Rembrandt's *The anatomy lesson of Dr Tulp* (1632). He also highlights the ways in which photography was taken up in this period as a clinical tool, a seemingly objective way of capturing what is fleeting, what might escape

mere human attention, what might or might not actually be there. Photography is a technology that pretends to permanence and in doing so alludes to mortality, a point driven home by the *unheimlich* observation that all who appear in these photographs, the dissectors and the dissected, are now dead. Some photographs play with this irresistible ambiguity: in 'A Student's Dream', a living dissector lies on the stainless steel table, with four or five cadavers in smocks propped around him.

Most striking, however, are the power relations frozen in these images. None of these cadavers chose, while living, to donate their bodies for dissection: all were snatched from graves or seized as paupers. "In all likelihood," Warner notes, "every single instance required confiscation of the dead" (p. 15). The bodies are nameless, almost certainly unnameable, but the students seem desperate to identify themselves, with names chalked on blackboards, painted on aprons or scribbled on the backs and mounts of the photographs themselves. And the practices associated with the images are as arresting as the images themselves. Initially formal portraits taken by commercial firms (and occasionally by pioneer photographers like Eadweard Muybridge), later examples are more informal, taken by students themselves as cheaper cameras came on to the market. Though not for public display in the same way as certificates or diplomas, they were mounted in family albums, reproduced in college yearbooks, and—incredibly—used as greetings cards at Christmas and Easter.

Warner and Edmonson have produced a skilfully edited, beautifully presented volume, a disquieting contribution to medicine's cultural history, and an excellent resource for teaching. It is hard not to read overtones of *vanitas* into these images of young men and women who (like the 'Three Living and the Three Dead' of medieval folklore) find themselves face to face with an incarnation of their own death. One or two students seem painfully aware

of this; the majority are, or affect to be, indifferent.

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Ilana Löwy, *Preventive strikes: women, precancer, and prophylactic surgery*, Baltimore, Johns Hopkins University Press, 2010, pp. xi, 328, illus., £26.00 (hardback 978-0-8018-9364-3).

Ilana Löwy's splendid new book might have been given the banal subtitle 'The problems of comparing like with like'. The volume is a deeply researched study of surgery (and radiotherapy) for "precancerous" conditions, mainly of the cervix and breast, in France, Britain and North America in the twentieth and twenty-first centuries. My quotation marks enclosing "precancerous" are inserted to indicate the problem; how do surgeons and pathologists know which (if any) clinical signs or histological changes indicate cancer will develop in a tissue? How can you compare lesions in different patients at different times and come up with a feasible natural history of cancer? Löwy offers a panoptical view of these questions and her comparative and temporal analysis enables her to put in perspective different approaches to diagnosis and preventative surgery. Her choice of female cancers is not determined by sexual politics interesting though her contribution is to that dimension. ("[G]ender produces differences in management of precancerous conditions and cancer risk, although the mechanisms that create such a difference cannot be reduced to the misogyny of the medical profession" [p. 13].) Her selection of subject has a considerable naturalistic input in so far as breast and cervical cancers are both common, may present at early stage as definite cancer, have "precancerous" phases, are easily accessible