

self-sacrifice and devotion, epitomized by Miss Nightingale, whilst conveniently separating these values from Nightingale's British Victorian cultural ethos and strong Christian background. This section explores the paradoxical situation which existed for Japanese nurses during this period: international attention and admiration was focused upon their role within the Red Cross, which was run with military-style discipline; simultaneously the subordinate position taken by them, which made this high level of organization and orderliness possible, stifled feminist movements and effectively suppressed any moves that might have been made towards autonomous professionalism. The final three chapters which constitute Part 3: ‘“Re-encounter” with western nursing professionalism’, continue this theme of “suffocated professionalism” whilst evaluating the role of public health nursing during the inter-war period in Japan. As health centres or “*hokenfus*” were established, the public health nurses were graded as having extended “*hokenfu*” status—a higher rank than “nurse”, a move which Takahashi argues increased professional divergence by creating a class of nursing “technicians” in contrast with contemporary developments towards professional unity in the UK.

The author challenges current limits of women's history, offering a fresh international perspective. Professionalization is viewed here in a far wider social context and within a comparative framework which contrasts Japanese and British developments in healthcare. Introducing the concept of “suffocated professionalism”, Takahashi explores nursing's professional development in a markedly different, heavily paternalistic cultural setting compared with the more familiar western model. Underpinning this fascinating book is a powerful argument for revising current approaches, as well as historically reviewing past attitudes, towards understanding and evaluating the introduction of “western knowledge” to alternative cultures. This book challenges the customary view that these concepts were accepted in totality as universally rational and reasonable, showing instead that where this assumption was made in the

introduction of modern nursing to Japan, the philosophical and cultural prerequisites were apparently overlooked in Japanese enthusiasm for the socio-economic advantages of modernization. This created what Dr Takahashi describes as a “black hole” in Japanese westernization. *The development of the Japanese nursing profession* provides a new model in combating such a universalistic approach to historical analysis of the diffusion of medical knowledge.

Helen Sweet,

Wellcome Unit for the History of Medicine,
University of Oxford

Maria H Frawley, *Invalidism and identity in nineteenth-century Britain*, University of Chicago Press, 2004, pp. viii, 292, illus., £27.00, US\$39.00 (hardback 0-226-26120-4).

The overarching objective of *Invalidism and identity* is to retrieve “the figure of the invalid from the margins of literary, medical and social history” (p. 2). Conducting a detailed analysis of a relatively small number of texts, Maria Frawley explores the contradictions that the invalid embodied—productivity versus waste, liberation versus confinement, virtue versus falsity. A short introduction sets the scene. Chapter 1 then teases out the socio-historical context, associating the culture of nineteenth-century invalidism with both the spiritual values of the Evangelical Revival and the work ethic of the Industrial Revolution. Chapters 2 and 3 focus on texts where the authors were actively seeking cure or relief, either by experimenting with medical remedies or by travelling to search for health abroad, whilst Chapter 4 addresses the writings of those intent upon unpicking the experience of incapacity. In a brief afterword, Frawley invites her “readers to gather round an imaginary sofa” (p. 252) to hear the mid-Victorian novelist, Elizabeth Gaskell, explain “the capacity of the invalid to be at once culturally invisible and fundamentally pivotal to our understanding of the story” (p. 246).

This resort to a literary anecdote is symptomatic of the problems that *Invalidism*

and identity poses for historians. At a point where a succinct summary of the key issues would be welcome, we are offered a fulsome example that obscures as much as it clarifies. Throughout the book, there are similarly generous quotations from the chosen texts—the anonymous *Confessions of a hypochondriac*, for instance; Henry Matthews's *Diary of an invalid*, which recounts his European tour in pursuit of health; and Harriet Martineau's *Life in the sick room*, which Frawley herself has edited. Of course, these quotations convey the texture of the language. In doing so, however, they tend to distract from the important conceptual debates with which the author engages. There are interesting comments on national identity and on the study of climatology, but the discussion of the interface between gender, social class, and medicine is of particular significance. Essentially, the argument is that during the nineteenth century, masculine and feminine identities had to be renegotiated at a time when industrialization was creating new physical and mental expectations in the workplace and scientific medicine was transforming how the doctor diagnosed illness and recorded case notes. Invalidism was a cultural strategy by which these tensions were mediated.

It is a pity that medical texts have not been used to complement the insights gained from Frawley's meticulous examination of the literary material. Nevertheless, she is conversant with the intellectual environment of history and medical history. Themes like the development of overseas tourism and the changing configurations of employment are placed within their economic, social, and political contexts. The invalid's predicament is located within the discourse of "history from below". And the implications of the patient's "disappearance" from medical cosmology are explored in terms of the work of N D Jewson, Mary Fissell, and W F Bynum. Therefore, though Frawley herself stresses that "disciplinary problems do not respect historical boundaries" (p. 9), *Invalidism and identity* is also a brave attempt at interdisciplinary scholarship that achieves an innovative interaction between literature and history.

The high-quality production of the book does justice to its erudite approach. There are

footnotes as well as in-text references, a bibliography of the works cited, and an index—although, strangely, no consolidated list of the twenty-four black and white illustrations that are fully integrated. The University of Chicago Press is to be congratulated on the comparatively low price of this specialist monograph. British publishers take note!

Anne Borsay,
University of Wales Swansea

Martin Wallen, *City of health, fields of disease: revolutions in the poetry, medicine, and philosophy of romanticism*, The Nineteenth Century Series, Aldershot, Ashgate, 2004, pp. x, 202, £40.00 (hardback 0-7546-3542-2).

Romanticism continues to beguile for its ability to deflect scholars aiming to deconstruct its understanding of things medical: poles of health and disease, especially in cases of genius and idiocy, as well as what we moderns loosely term a "culture of health" configured as medicine's language, ideology and politics. Now Martin Wallen, an American professor of literature, has made a useful contribution to the ongoing debate by applying his literary learning to the ways in which northern European Romantic medical thought remained in the clutches of Brunonianism, the theory that all human life reduces to states of "excitement".

Wallen's argument is that (broadly conceived) Romantic culture in Britain was in conflict, if not crisis, by 1795 and that (an equally broadly conceived) Brunonian medicine reflected this state of affairs. Hardly an original theory, but Wallen's geographical framing of the conflict as "city of health, fields of disease"—the dissymmetry of his trope: the singular *city* and plural *fields* is noteworthy—grasps the attention. So too do his ancient Greek contexts arrest. Combined, the two capture the geographically spatial metaphor, as well as refer to the Socratic moment in the *Republic* when Plato banishes the poets.

The Socratic opposition of healthy city and diseased hinterland functions spatially and