

from equal (p. 123). The barefoot doctors that Fang interviewed expressed a preference for Western medicine.

Chapter 5 investigates how the advent of the barefoot doctors institutionalised the provision of medical services across rural China through the creation of a referral structure in the shape of a dumb-bell consisting of brigade medical stations, commune clinics, and township hospitals. In Chapter 6, the author analyses how barefoot doctors created their professional identity from scratch. Furthermore, he analyses the specific ways in which the rural reforms of the late 1970s had a positive impact on the medical profession as a whole. In a well-argued conclusion, Fang reiterates his thesis statement that barefoot doctors played a significant role in the transformation of rural medicine under socialism. They served as catalysts in the percolation of Western medicine into rural areas of China (p. 186).

There can be no doubt that *Barefoot Doctors* marks a major watershed in the history of medicine in China. Fang's monograph will inspire a new generation of historians to conduct microhistorical studies of barefoot doctors, studies that will either substantiate or refute his core argument that China's barefoot doctors served as catalysts, i.e., that they contributed to the decline of Chinese traditional medicine by promoting Western medicine throughout the countryside.

Two important questions pertaining to the influence of the Cold War on medicine escape the attention of the author. Although he alludes to the deteriorating Sino-Soviet relations in the 1960s (p. 85), an unanswered question remains. Did Chinese socialised medicine under the leadership of barefoot doctors differ from socialised medicine as practised in the Soviet Union? Another issue that remains unaddressed in the monograph is China's accession to the World Health Organisation (WHO) during the early 1970s and the WHO's recognition of the merits of the barefoot doctor model that was subsequently recommended for implementation in other developing countries. *Barefoot Doctors* raises more questions than answers. But, it should be consulted not only by Chinese historians of medicine but also by historians of medicine more generally. Archival rigor, meticulous attention to details, and eschewing generalisations, Fang offers an alternative interpretation of the role of barefoot doctors in the Chinese medical system.

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Sylvia A. Pamboukian, *Doctoring the Novel: Medicine and Quackery from Shelley to Doyle* (Athens, OH: Ohio University Press, 2012), pp. xi + 207, \$49.95, ISBN: 978-0-8214-1990-8.

Pamboukian's book takes on an important and vexed topic: the slippery distinctions being made in the nineteenth century between medicine and quackery, science and pseudoscience as represented in novels of the period (and some shorter fiction at the end of the century). The book argues that quackery was hard to define in the period, and that anxieties about authority and professionalism often crystallise, both in novels and medical culture, around the definition of what constitutes quackery. The first three chapters deal with practitioners as professionals and scientists. Chapter One addresses the practice of dissection, concluding that the 1832 Act did not in fact reconcile the

public as a whole with the practice, and that anatomists might still be seen as quacks. Pamboukian reads *Frankenstein* as a novel that addresses some of these anxieties, in part through its simultaneous positioning of Frankenstein as a scientific genius and a quack, an experimentalist who never quite understands what he himself has done, perhaps largely by accident. The following chapter reads Dickens's portrayal of physicians through the debate around professionalisation surrounding the Medical Act of 1858 and 'challenges the fallacies that distinguishing between quackery and orthodoxy depended largely on science and that bourgeois professionals were a united group' (p. x). Pamboukian then moves on to Brontë's depiction of Dr John in *Villette* as a figure who simultaneously seems to embody the ideal of the Protestant English professional doctor and some elements of quackery, including the use of placebos, his withholding of medical information and transgression of professional norms during courtship. The final two chapters address the doctor and material medica in Collins's *Armadale* and surgeon Arthur Conan Doyle's portrayal of quackery as an integral part of professional practice in both the Sherlock Holmes stories and in the lesser known 1895 *The Stark Munro Letters*, featuring a main character who is a doctor.

This is perhaps too complex a topic (or series of topoi) to be well served in a short study, and Pamboukian tries to do quite a lot. Ultimately, the book serves mostly as a literary study, rather than a historical one. But for the readers of *Medical History*, it is the last two chapters of the book that might be of interest. The Collins' chapter provides a fascinating discussion of the general public's struggle to understand the toxic potential of material medica, drawn from several sources. There are some conspicuous absences in the study: for example, in discussing George Eliot, Kathleen McCormack's *George Eliot and Intoxication* would be an obvious choice, but Pamboukian shows how drugs are represented as both healing agents and as toxic in *Armadale* – which also contains a famous character who is both quack and abortionist, Dr Downward. The final chapter offers some insightful readings of the Sherlock Holmes stories as well as a good survey of the critically neglected material in the *Stark Munro* text.

There are several books in recent years treating medicine and the novel which, though not cited by Pamboukian, would be of merit for the *Medical History* reader interested in these issues in nineteenth-century literature: most directly relevant would be Susan Zieger's *Inventing The Addict: Drugs, Race, and Sexuality in Nineteenth-Century British and American Literature* (2008) and Tabitha Sparks's *The Doctor in the Victorian Novel: Family Practices* (2009), Meegan Kennedy's *Revising the Clinic: Vision and Representation in Victorian Medical Narrative and the Novel* (2010) and Lawrence Rothfield's *Vital Signs: Medical Realism in Nineteenth-Century Fiction* (1994).

The first chapters are not as strong as the later ones, and that is, unfortunately, likely to discourage readers. There are also some infelicities and oversights in the writing of the early chapters which might mislead or confuse the casual reader, and in citing critical material there are passages wherein the meaning of the original might be misunderstood or undercontextualised. On many occasions, the content of an example is unclearly related to the claim it seems to support, such as this one: 'Critics have addressed finance to a greater extent than disease; for example, Amanda Anderson claims that *Little Dorrit* illustrates the dangers of cosmopolitanism, which severs "ties of love, community and nation"' (p. 54). There is no further explication of how cosmopolitanism is an example of a financial theme, and in fact, Anderson's critique is not primarily interested in finance. This confusion sometimes also appears in Pamboukian's readings of the novels themselves: 'Woodcourt's ...Englishness is emphasized in his personal life by his mother, who is comically

preoccupied with her aristocratic Welsh ancestry, to Woodcourt's embarrassment' (p. 64). It is in fact her preoccupation with his supposedly aristocratic heritage and her related insistence – in front of Esther – that no one like Esther would be a suitable match for him that accounts for Woodcourt's embarrassment rather than rejection of his own Welshness (and I am not sure that Welsh heritage could be counted a defining characteristic of Englishness – at least, one wouldn't want to say so in an Aberystwyth pub). Again, these moments are far more frequent in the first three chapters than in the last two, and it seems sometimes as if Pamboukian is overwhelmed by the amount of criticism extant on the more canonical novels, her prose becoming entangled in an attempt to account for what has already been said. Her work is strongest in the latter part of the century and more specific topics such as arsenic and Collins, and it is for that reason that readers of *Medical History* may find it useful.

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James O'Brien, *The Scientific Sherlock Holmes: Cracking the Case with Science & Forensics* (New York: Oxford University Press, 2013), pp. xx + 175, \$29.95, hardback, ISBN: 978-0-19979496-6.

This book is an account of the various appearances of science in Arthur Conan Doyle's Sherlock Holmes stories. O'Brien suggests that Holmes's scientific activities, which feature in many of the stories, are central to his character and the stories' appeal. He analyses Holmes's use of scientific techniques to solve cases, and charts the character's other scientific interests, in particular chemistry, his own professional field. Moving methodically through each disciplinary area, including fingerprinting, cryptography, botany and meteorology, among others, the author explains some of the real-life science behind some of the stories, discusses Holmes's aptitude and the plausibility of his deductions, as well as looking at some of the historical background to the techniques. He also explores the origins of the stories, including the influences of Edgar Allan Poe and Conan Doyle's medical school lecturers.

Much of the book is concerned with identifying and elaborating upon references to science in the stories. This involves speculating about what some of the more oblique allusions to scientific issues in the stories actually meant. For example, O'Brien suggests that a reference to Holmes having carried out work on 'coal-tar derivatives' may represent work on chemical dyes, which were the subject of some competition between British and German industry in the late nineteenth and early twentieth centuries. In one of the book's more successful passages, he uses this as a lead-in to discuss some interesting aspects of the dyestuff industry. In another section, O'Brien discusses the test for bloodstains which Holmes is developing when he first meets Watson. Holmes describes his invention as 'the most practical medico-legal discovery for years'. O'Brien states that, as late as 1911, a quite antiquated blood test was still being used in Britain, 'so it seems that his [Holmes's?] test was not enough of an improvement to be put into general use' (p. 111). While O'Brien's conclusion to this discussion of the blood test may be in jest, it is symptomatic of a wider problem with the book, namely a failure to engage with the stories on their own