

name, he sold off most of the family property in order to finance the purchase of Hornby Castle. This, along with practically everything else of value, was left to him in Marsden's will.

Thus was the stage set for the long-running lawsuit of *Tatham v. Wright*, a national cause célèbre of the early nineteenth century. Marsden's heir at law, Rear Admiral Sandford Tatham (1755–1849), challenged the will on the grounds that Marsden had either been completely under Wright's dominance when he signed or had not understood what he had signed. The case was based on the fact that Marsden was what medical men of the day termed a "connate imbecile" (what would now be classed as mild mental impairment), and thus incapable of managing his own business affairs. There was, however, no legal definition of Marsden's position, as he was not imbecilic enough to warrant the commission of lunacy which would have removed his legal status.

The author has painted an engaging and sympathetic portrait of Silly Marsden: he was unable to tell the time and had a poor ability to reason or count, but had a good memory for facts and could read a little; he could write but could not compose his own letters. He was throughout his life timid and easily influenced by those closest to him, and Wright took advantage of that fact, controlling both Marsden and the estate.

The book is based primarily upon documents gathered by the plaintiff's side during the twelve years of litigation (1826–38): legal briefs, depositions of witnesses and possible witnesses, letters between Tatham and his supporters. It is therefore unsurprising that the story is clearly biased in his favour. This is, however, in keeping with public opinion of the day.

Details of the medical evidence presented at the three trials and several appeals which comprise *Tatham v. Wright* are not presented. During the first trial (1830) at

least two physicians testified as expert witnesses: Dr Ambrose Cookson, a relative of Marsden and expert in mental deficiencies; and Dr Wake, Physician to the York Lunatic Asylum, who had not known Marsden but could link his traits with his own knowledge of connate imbecility (p. 134). However, although Marsden's competence was the key, "the struggle was over something quite different—money, land-ownership, family honour, power, fear of social upheaval, stability" (p. 186). In such circumstances it is understandable that, after two verdicts for Wright, it was Tatham who finally emerged the victor.

Curiously, the title on the dust jacket does not match that on the title page. In all other respects the book is an attractive and highly readable account of a legal case which will be of interest to all those concerned by the relationship between medicine and the law.

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John C Burnham, *How the idea of profession changed the writing of medical history*, *Medical History*, Supplement No. 18, London, Wellcome Institute for the History of Medicine, 1998, pp. xi, 195, illus., £32.00, \$50.00 (0-85484-067-2). Orders to: Tracy Tillotson, Wellcome Library, 183 Euston Road, London NW1 2BE.

This impressive chronicle of the history of medicine as an international discipline takes as its organizing principle the concept of a profession, which John Burnham views as the dominant current framework for understanding the medical profession and its institutions. Burnham's concept of a profession is based on "the assertion that medical professionals commanded special knowledge, that they tried to conduct themselves virtuously and not just

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commercially, and that they and others believed that they deserved some special status and recognition from society” (p. 175).

The earliest histories of medicine from about 1700 to the end of the nineteenth century “served to filter out the practical knowledge base for medical practice” (p. 12), using the term profession to describe the body of medical knowledge. Physician-historians like Kurt Sprengel (1766–1833) wrote accounts “of the development of medical theory and medical practice” based on individual physicians and “schools of thought and teaching”, which were “abstract intellectual, not social, collectivities” (pp. 14–15).

By the end of the nineteenth century, the physician-historians “no longer used medical history to teach contemporary medical practice”. Instead, their purpose as medical reformers became to improve medical practice by demonstrating how scientific discoveries influenced the ideal physician. They depicted these ideal physicians as “great innovators and discoverers, who bravely took up some new ideas and discarded the old” (p. 21). This strengthened the focus on the history of ideas, which was now based on “a chronological, developmental series of progressively aggregating scientific discoveries” (p. 22). Social relationships among physicians were disregarded, although a few historians used medical history to comment on contemporary issues such as medical education, ethics, and competition from unqualified practitioners.

During the first decades of the twentieth century, medical history became institutionalized in Europe and North America as a discipline in medical schools that was largely the responsibility of “amateurs and part-time workers” (p. 41). These physician-historians wrote biographies and histories of the new specialities and individual medical institutions, in which they emphasized medical progress and examined relations

among physicians on a personal rather than a professional level. A new generation of medical historians, including Kurt Finkenrath, Erwin Ackerknecht, and George Rosen, were concerned with social conditions related to health.

After mid-century, sociologists began to examine professions as a sociological concept, including their status in society, professional groupings, training institutions, and relations with clients and employers. They formulated the concept of professionalization as the process by which professions emerged over time. By the 1970s, their interest in professions waned as sociologists turned their attention to the role of professionals in bureaucracies and, with regard to physicians specifically, other issues in medical sociology.

Medical historians had shown little interest in the concept of professions initially because many of the physician-historians were medical school faculty members and the new PhD social historians were interested in other topics. Beginning in the 1960s, social historians applied the concept to the history of several professions and incorporated new historical, institutional, contextual, and comparative dimensions of the concept, in the process making it more historical than sociological. Medicine became “the model profession within the field of the history of professions” (p. 166) and was investigated by medical and general historians in many countries. They discovered that “what scholars, including social historians, so often missed [previously] was not the existence but the power of the idea of profession among physicians of the past” (p. 182).

This review cannot describe adequately the many insights in Burnham’s succinct yet seminal account of a key concept in medical history. The book will create discussion and debate largely because it has elucidated the issues so cogently. It can be very strongly recommended to all medical historians and as a reading in graduate seminars in the

historiography of medical history, which will benefit from the many relevant citations.

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W F Bynum and Caroline Overy (eds), *The beast in the mosquito: the correspondence of Ronald Ross and Patrick Manson*, Wellcome Institute Series in the History of Medicine, Clio Medica 51, Amsterdam and Atlanta, Rodopi, 1998, pp. xxxv, 528, illus., £78.50, \$132.00 (hardback 90-420-0731-1), £24.50, \$41.50 (paperback 90-420-0721-4).

The correspondence between Ronald Ross and Patrick Manson documents one of the legendary collaborations in the history of medicine and science in the nineteenth century. Their four-year collaboration (1894–1898) led to the discovery of the transmission of the *plasmodia* protozoa in the bite of the mosquito. With the advantage of a century of research, it is easy to look back on their achievement as one in a long series of breakthroughs. This was hardly the case. Even Charles Alphonse Laveran, who in 1880 proposed a causal relationship between the presence of pigmented bodies in the blood and malaria disease, faced a chilly reception for five years. Thereafter, researchers in Italy elaborated the asexual stage of the *plasmodia* in the human body. There was still no consensus about the meaning of the crescent and flagella forms, that is the equivalent of the sexual stage of the protozoa outside the bloodstream. In December 1894 Manson inserted himself into a growing international competition. Observing the transformation of the protozoa from crescent to flagella after extraction from the bloodstream, Manson theorized that a suctorial insect, possibly a mosquito, served as its intermediary host.

Asserting this relationship was one thing, proving it was another. The task required illuminating the hitherto unknown biology of a complex protozoa in the mosquito while identifying the proper species of vector. In other words, the theory involved the creation of fundamental knowledge before its demonstration was practically possible. Few individuals in Britain possessed the needed combination of skills or were interested in the malaria problem itself. For his part, Manson's declining health ruled out an open-ended research expedition. Nor did cultivating his practice allow for the concentration needed for basic research. What Manson needed above all was a collaborator. Surgeon-Major Ronald Ross proved to be ideally suited for this role.

Sigmund Freud would have had a field day with Ross. Like other Anglo-Indian parents, Campbell and Matilda sent Ronald at the age of eight to England. A latent sense of parental abandonment turned to betrayal when Ross reached his seventeenth birthday. Instead of allowing him to attend the university which he preferred, his parents decided on a career in the Indian Medical Service. The signs of rebellion subsequently littered his early career in medicine. He neglected his studies at St Bartholomew's Hospital; initially failed the Apothecaries' licentiate examination and secured a low pass score on the Indian Service examination. Rebellion, ironically, condemned Ross to the purgatory of the military branch of the Indian Service where for fifteen years he held only one permanent posting.

As a borderline paranoid, Ross rationalized his stalled career. Convinced that his intellect was unappreciated, he sought the learning denied him. No matter how much he poured himself into mathematics and literature, they failed to satisfy his longing for external validation. In a pattern that would define his research style, Ross oscillated between the promise of confirming his genius and the reality of