

Book Reviews

D. DESSERTINE and O. FAURE, *Combattre la tuberculose, 1900–1940*, Lyons, Presses Universitaires de Lyon, 1988, 8vo, pp. 244, illus., Fr. 110.00, (paperback).

Recent French contributions to the history of tuberculosis have been impressive, often iconoclastic, and this volume is a valuable addition to the corpus. As Pierre Guillaume set out to destroy the Western myth of tuberculosis as the gentle killer (in *Du désespoir au salut*, 1986), so Dessertine and Faure undermine the French myth of the early twentieth-century anti-tuberculosis campaign as an “enormous, infallible machine” which eradicated the disease by “modern” methods and became a model for the control of specific diseases.

The book is a local study of the anti-tuberculosis campaign in the Lyonnais, a region which, thanks to private enterprise, took a pioneering part in the struggle. Vigorously written and packed with illuminating observations, it effectively destroys any lingering belief in a coherent, nationally directed anti-tuberculosis campaign. While the administrative perspective continued to be dominated by the late nineteenth-century German policy of prevention and control through the isolation of sufferers, the dire consequences of the First World War left the daily implementation of the policy to local effort. Here the hand of private enterprise is clearly visible, whether in the personnel of the departmental committees, the financing of sanatoria, the sale of charity stamps (which illustrate the volume), or the failure to establish the disease as a worthwhile medical specialty. While sanatoria, dispensaries, and “preventoriums” emerged as the institutional bases of the campaign, no attempt was made to incorporate, coordinate or direct the efforts of the existing institutional structure: the communes, the departments, and the hospitals.

Social themes dominate the argument of this book: tuberculosis was seen as a social disease, to be eradicated by social control and social improvement; yet the broader social history of the region is only glimpsed, tantalisingly suggested by the variety of local experience across the region. While such a short work (some 65,000 words) inevitably has its shortcomings, this lively and stimulating study is well worth careful reading, and constitutes an excellent example of the corrective and positive value of the local historical viewpoint.

Anne Hardy
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ANGUS McLAREN and ARLENE TIGAR McLAREN, *The bedroom and the state: the changing practices and politics of contraception and abortion in Canada, 1880–1980*, The Canadian Social History Series, Toronto, McClelland and Stewart, 1986, 8vo, pp. 186, \$14.95, (paperback).

Angus McLaren has earlier explored questions about the history of birth control and abortion in England and France. In this co-authored volume, the focus is Canada and the material presented suggests a number of similarities with the debates carried on elsewhere by socialists, feminists, and neo-Malthusians in the early twentieth century.

Perhaps because of their familiarity, the similarities are less interesting than the differences that the Canadian material reveals. Canada differed from England in that the Canadian criminal law defined both contraceptives and abortifacients as obscene. Thus, while birth control practices may have varied little between the two countries, the legal context was different, as was the development of the birth control movements. Canada did not produce a feminist campaigner of the stature of Margaret Sanger or Marie Stopes though Canadians wrote to both women for advice. It was a wealthy rubber manufacturer, A. R. Kaufman, who initiated a unique system of visiting nurses to distribute birth control information all over Canada. Birth control clinics elsewhere relied on clients coming to the service, but Kaufman’s nurses took the service to the clients. This admirable scheme arose from a less admirable eugenic desire to lower the birth rate of the working class.

Kaufman’s career illustrates the authors’ point that those involved in the debates over birth control had much more complex agendas than a simple concern about family size. One of these was the desire to stem the fertility of French Canadians. The final section of the book charts the fall in fertility in Québec and the shifting stance of the Catholic Church on birth control. The

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erosion of Catholic opposition made politicians less reluctant to contemplate decriminalizing contraception. This was accomplished in the 1969 revision of the Criminal Code but, the book convincingly argues, it did not end state interference in the bedrooms of the nation. Abortion remains a contentious issue and the provision of contraceptives has more to do with the male-dominated interests of government and business than with meeting women's needs.

The authors make no claim to be comprehensive. The bulk of their material relates to the interwar years and concerns particular regions of the country. An in-depth study remains to be written and this useful survey, which says little about the shifts in family structure that the demographic changes entailed, should prompt further enquiry.

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HILARY BOURDILLON, *Women as healers: a history of women and medicine*, Women in History, Cambridge University Press, 1988, 8vo, pp. 48, illus., £3.50, (paperback).

Intended for use in schools, this copiously illustrated (if carelessly proof-read) book discusses women in medicine from Ancient Egypt to the present in 48 pages, including suggestions for projects and further reading, without pretending to analyse the subtler issues. Hilary Bourdillon must be praised for avoiding the obvious pitfalls inherent in the subject. Instead of the tunnel vision which sees the female contribution to medicine as defined by their relationship to formal medical structures, there is an emphasis on the importance of home care and the role of women as community healers, although more could have been made of women's philanthropic activity and their involvement in the world of entrepreneurial, rather than folk, "alternative medicine". Her description of Hannah Wolley as "upper-class" could be argued with, literacy not being coterminous with elevated social status, as well as her statement that the involvement of upper-class women in health care had declined by the eighteenth century. Incidentally, "Lady Montagu" is not the correct way of referring to Lady Mary Wortley Montagu! The treatment of witchcraft is commendably moderate, avoiding the excesses often perpetrated when dealing with this subject. This is a useful if elementary introduction to the female contribution to health care.

Lesley Hall
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LAWRENCE K. ALTMAN, *Who goes first? The story of self-experimentation in medicine*, Wellingborough, Northants, Equation, 1988, 8vo, pp. x, 430, £8.99 (paperback).

Lawrence Altman thinks that most doctors are unjustly dubious about the value of self-experimentation. He aims to rectify this impression by cataloguing the numerous contributions such experiments have made to medicine. It is dramatic stuff. Werner Forssmann wrote himself into the history books by pushing a catheter into his own heart (and struggling with a friend who feared for his safety in the process). Frederick Prescott and Scott Smith paralysed themselves with curare, and lay helpless and frightened, unable even to blink. Thomas Brittingham transfused leukaemia cells into himself—despite the danger that the disease might be transmissible—at a time when no cure existed for the disease.

There is more than a hint of hagiography here. While self-experimenters are elevated to medical sainthood, those who fail to come up to the standard are cast out of the elect. Altman is keen to denounce Walter Reed, the man who—contrary to medical mythology—did not expose himself to infection with yellow fever. Reed, with two other members of the US Yellow Fever Commission sent to Cuba, pledged to allow themselves to be bitten by mosquitoes to see if they carried yellow fever. Only Reed reneged, mysteriously leaving for the States after making his promise. One of the others, Jesse Lazear, died after succumbing to the fever.

In his foreword, Lewis Thomas sees self-experimenters as models for future generations of doctors. The book, he suggests, should be required reading for all medical students. This paperback edition may indicate that some publishers hope that Thomas's wish will come true; some medical ethicists may not.

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