

self-care, saints, objects, doctors and healers – and demonstrates the continuing urgency of cross-period and cross-disciplinary dialogue to reveal the true richness of humans and health in the past.

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Naomi Pfeffer, *Insider Trading: How Mortuaries, Medicine and Money Have Built a Global Market in Human Cadaver Parts* (New Haven and London: Yale University Press, 2017), pp. 372, \$30, hardback, ISBN: 9780300118551.

‘One must face the gruesome fact, gruesome as it is, that just as when you want bread you go to a baker, if you want fresh eyes you go to places where people die’ – thus said Douglas Gibb, administrator of the South East Regional Eye Bank in the UK. Going to the places where people die to obtain and repurpose bodily stuff is the key concern of *Insider Trading*, Naomi Pfeffer’s studied portrayal of the just-in-time logistics and socio-cultural logics that underscore the extraction and exchange of tissues. Tissue – a term coined by French physician François Xavier Bichat – provided medicine with a word, a composite category, that could distil a whole range of bodily fragments, a word which has not only reconfigured, but secularised the relationship between society and the fields of anatomy and physiology. Tissues, Pfeffer tells us, provide, ‘a way of talking about and thinking about the unique properties of the body both within and beyond itself’. Yet, tissues also generate ambiguity. This creates anxiety about what makes a body complete and, because of this, requires cultural explication.

Pfeffer’s book provides such cultural explication. It opens up the moral and political ground of ‘tissue-work’ through a description of the supply chains, opportunities for capital, legislative and institutional arrangements, political expedience, and innovative bioscientific practices which underpin it. In so doing, she provides a way of *seeing* the otherwise invisible and, at times, uncomfortable domain of human practice which sits at the intersections of science, society and medicine. This domain of human practice can teach us much about the limits *and* opportunities for improving health and ameliorating human suffering. Knitting together a history, sociology and political economy of tissue-work, and drawing on a vast array of materials from official inquiries, archives, peer-reviewed journal articles, medical textbooks, court hearings, newspapers and magazines, informal interviews, and observations in mortuaries and tissue banks, Pfeffer unpicks the complexities and contradictions involved in tissue-work. The tissue bank itself is introduced as a contradiction in terms. It was established in 1937 by medical doctor, Bernard Fantus, to avoid having to buy blood in the non-profit Chicago public hospital he worked in; one devoted to providing healthcare free at the point of access. *Insider Trading* traverses what Pfeffer herself describes as a ‘loose chronology’, one which focuses attention on the repurposing of skin, eyes and bone, and set within what might be also said to be an equally loose comparison between the redistributive policies of the British welfare state and a mixed economy of provision in the United States, paying, in turn, a distinct homage to Richard Titmuss’ *The Gift Relationship*.

The strength and contribution of Pfeffer’s book lies in its capacity to discuss the ‘expert’ practices and technologies of repurposing tissues, which have incrementally shaped the exchange of body parts for more than a century. Learning that skin fragments could be fused together under certain conditions spurred innovation and laid the basis for

advances in immunology and transplant medicine. These expert practices – legitimate and illegitimate – however are set against the backdrop of the ‘cultural work’ required to make tissue exchange possible. Attention to this cultural work might be regarded as the analytical lens Pfeffer’s thinking and research is filtered through. Cultural work – via social actions, feelings and desires – is mobilised in ‘corpse philanthropy’, as much more than the impulse to give or to pledge, but as part of the institutionalisation and governmental processes that give tissue exchange its stability, or at least the appearance of stability. Corpse philanthropy is enmeshed within a wider political economy of health which acts on the moral economy of civil society. Eye banks, for example, financed by ‘big money’ philanthropists, are shaped both by ideology and moral obligation. This can be seen in instances where voluntarism functions as a bulwark against top-down command and control Soviet-style politics – public responsibility without government compulsion – for those who were opponents of socialised medicine in the mid-twentieth century US. This contrasts with the direct discouragement of discretionary philanthropy in the UK in favour of welfare-state arrangements at the same historical point. Cultural work also grounds the provision and procurement of tissues via the utilitarian logics at play through two world wars and an intensification of socio-technical change that yielded no shortage of need for bodily repair and improvement.

Though providing a fascinating read – where the strength of contribution is certainly in the detail – Pfeffer’s book is also simultaneously challenging by virtue of the detail and by the very looseness of comparison across the times, places and bodily fragments she lays claim to. Through the provision of captivating insights into tissue economies, attention to national contexts and their variable institutional sites and settings does not take us beyond general distinctions. The book does somewhat dizzy the reader by the rapid sweeps it takes in its coverage as it moves back and forth between time, place and bodily fragment. Furthermore, it requires much from the reader in order to tease out central arguments and analytics, as these are never foregrounded, and so there is little by way of guidance to help the reader navigate through the detail this book provides. This, however, in no way detracts from the importance of the book, which stands as a significant resource and reference point for those in the fields of history, sociology, anthropology, medical ethics and policy with an interest in tissue economies.

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Rana A. Hogarth, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780–1840* (Chapel Hill: The University of North Carolina Press, 2017), pp. xvii + 268, \$27.95, paperback, ISBN: 9781469632872.

Historians have long been fascinated by enslavement and its impact on identity formation, race relations and structures of control within the Atlantic world. Examining the familiar theme, *Medicalizing Blackness* explores how ‘blackness’ was manipulated, objectified and criminalised within the sphere of medicine to propagate racist ideas and cement white hegemony within and outside of the medical profession. Though not a new area of scholarship, it does offer a refreshing perspective from a scholar whose first book establishes her as a new force in the area of Atlantic medical history.

Medicalizing Blackness is composed of six chapters broken into three sections. The first two sections examine the development of theories and medical literature surrounding two