

The book is not in the Fainsod or Dallin class; indeed, editorially, it is a dog's breakfast, more a series of essays than a coherent work. Four of the ten chapters reprint important articles reviewing the history of military screening and selection, war pensions and veterans' pressure groups, and "war syndromes", while the new material consists of four historical chapters on British military psychiatry, one on the incidence of PTSD in the military, and a conclusion which deals with the current "culture of trauma".

The historical chapters (presumably by Jones) are meticulously researched, loyalist in tone and administrative in focus. They set out, but do not quite sustain, an interesting revisionist argument—that whatever the claims made for their work by doctors like William Brown, forward psychiatry (PIE) was never in fact very effective, which was why the professionals, the regular military, had little time for it and repeatedly abandoned it; for example, in 1917–18 when Gordon Holmes (who thought like a military man) curtailed the role of the forward treatment centres Charles Myers had established in France. Similarly, the account of the Second World War focuses as much on Bishop's Lydeard Hospital as on Northfield and brings out the unsung role of Colonel A H Sandiford in reining in J R Rees and his Tavistock chums. (This is very much a *Maudsley* monograph). There is a detailed, but not very illuminating, account of British work in the Korean War, but nothing on such neglected topics as the depiction of shell-shock in Great War newspapers and the effectiveness of rehabilitation in the 1940s; or, less surprisingly, on the maladroit British response to PTSD in the 1980s or the shambolic record-keeping in the First Gulf War. The writing is generally dull and occasionally descends into Pooterish bathos.

A similar pessimism, even nihilism, pervades the thematic chapters, though they are presented with Wessely's usual intellectual energy and command of the literature. War, we are repeatedly told, inevitably produces psychiatric casualties and all efforts to prevent them by pre-selection of personnel or to treat them with psychotherapy will be largely ineffective; the only way to reduce casualties is to reduce

the intensity of war or, better still, have no wars at all. What is more, warfare has always produced "medically unexplained symptoms", which usually reflect the fears and beliefs then prominent in the culture; in Gulf War Syndrome, for example, the toxic fears of modern industrialized society are manifested. And, in addition, the modern culture of compensation has rewritten the soldier's contract and the risks that the military can ask him to take. These chapters offer efficient surveys of the literature by a master epidemiologist, and clinicians will find them enormously useful.

Wessely and Jones's work has done much to bring order and rigour to a field which a decade ago was awash with romantic mythology, conspiracy theories and (in the military) blinkered suspicion. Some of their articles are classics; their emphasis on the continuing importance of somatic ingredients in military psychiatric disorders has been very influential; and they have made public much information previously trapped in the anal portals of the War Pensions Agency. But their limitations are also by now apparent—a remoteness from military realities; a timidity and clumsiness in exploring the role of culture; a dependence on trauma theorists such as Allan Young, Ruth Leys and Patrick Bracken; above all, their one-dimensional intellectual apparatus. The history of psychiatry, for them, is a whiggish progression from the bad old days, when charismatic rogues like William Sargant could make all sorts of claims for their work, to the broad sunlit uplands of modern epidemiology. If only it were that simple.

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Ingrid G Farreras, Caroline Hannaway, Victoria A Harden (eds), *Mind, brain, body, and behavior: foundations of neuroscience and behavioral research at the National Institutes of Health*, Biomedical and Health Research series, Amsterdam, IOS Press, 2004, pp. xxvii, 366, illus., £59.00, €83.00, US\$92.00 (hardback 1-58603-471-5).

This book begins with an account of the founding and development of the National Institute of Mental Health (NIMH) and the National Institute for Neurological Diseases and Blindness (NINDB). The second section then describes the research projects of fifteen laboratories or branches within the NIMH and NINDB. Finally the historical background and the reviews of research are supplemented by twelve first-person accounts; these provide a much-needed, if uncritical, fillip for the all-too-brief snapshots provided in the second section.

In 1946 US President Harry Truman signed the National Mental Health Act establishing the NIMH. By 1949 the NIMH had become associated with the National Institutes of Health, “marking the beginning of the federal government’s . . . support of research in mental health” (p. 8). In principle the NIMH advocated interdisciplinary approaches to mental health, but in practice its emphasis was distinctly psychiatric and psychological. Balancing this psychiatric emphasis was the NINDB, which was created in 1950. The NINDB supported research and training, as well as disseminated information about causes and potential treatments of neurological diseases. Two striking qualities of these institutes were their intramural joint basic research programme, and their intramural clinical research programmes. Heading up the joint basic research programme was Seymour Kety. Kety advocated a biological approach to research on nervous and mental diseases but was also sympathetic to the fact that other disciplines promised intriguing opportunities. Thus Kety’s original concept for the joint basic research programme emphasized the importance of utilizing methods from an array of disciplines. He believed a combined approach by numerous laboratories (ranging from a laboratory of biophysics to a laboratory of socio-environmental studies) would prove the most successful in advancing treatments and knowledge of mental and nervous diseases.

The intramural clinical research programmes in both institutes were similarly interdisciplinary. The NIMH programme sought to improve understanding of normal behaviour and

personality development through a combined approach relying upon knowledge and methods from “psychiatry, psychology, sociology, anthropology, physiology, biochemistry, and pharmacology” (p. 59). The NINDB programme was comparable. Although it was concerned with the prevention of disorders like multiple sclerosis, muscular dystrophy, and epilepsy, it was interested in pioneering epidemiological studies of neurological and sensory conditions as well. Here a combined approach utilizing research from neurology, ophthalmology, electroencephalography, and neurosurgery was considered the surest method for advancement.

Two obvious historical questions about any institution are: what did it set out to do and what did it eventually accomplish? The second section clumsily attempts to answer these questions by exploring each branch or laboratory’s work within the NIMH or the NINDB. While this section succeeds in outlining the events within each branch or laboratory from 1953 until 1960, only three discussions are up to the challenge. These are the chapters on the NIMH Laboratory of Clinical Science, NINDB Laboratory of Neuroanatomical Sciences, and NIMH Laboratory of Psychology. Sadly, more typical are chapters like those on the branches of Medical Neurology and Ophthalmology. So brief are these that a reader could be forgiven for wondering why these branches were ever funded at all, or even if they were important. For the most part, these reviews of work raise more questions than they answer. In this the first-person accounts in the final section of the book are somewhat helpful. James Birren’s testimony, for example, further enriches the earlier chapter on the NIMH’s psychological laboratory. Yet, because these accounts are presented without a critical summary, it is difficult to understand what purpose they serve. Descriptively each is interesting, and each will doubtless be useful in further historical work, but in their entirety they do not really suffice to convince us that the triumphant message in the final paragraph of the book’s epilogue is justified.

Without a doubt this work usefully furthers our understanding of American neurology and psychiatry in the post-war period. While other contributions on American neurology and psychiatry are more exciting, the fact remains that few have provided us with information about institutions that focused their attention on neurological and mental diseases. The book is therefore an informative resource, but it is not particularly stimulating.

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Joseph S Alter (ed.), *Asian medicine and globalization*, Encounters with Asia, Philadelphia, University of Pennsylvania Press, 2005, pp. vi, 189, £29.50, US\$45.00 (hardback 0-8122-3866-4).

Given that medical traditions are intrinsically dynamic and open to innovation, as scholars have recognized since at least the time of Charles Leslie's classic *Asian medical systems* (1976), nationalist categories of medicine are to a great extent, artificial. To use the term "western medicine" requires the qualification that there is nothing specifically "western" about it, and that its development may equally derive from people or initiatives in the "east", or indeed the "north" or "south". Similarly, terms such as "Chinese medicine", or "Tibetan medicine" may be convenient and in themselves both indicators of and factors in the systemization of various regional traditions and practices, but they are far from historical. What is now Tibetan medicine, for example, is a systemized development of a variety of practices and understandings primarily deriving from the elite textual tradition of *sowa rigpa* ("the science of healing"), a branch of Himalayan Buddhist learning within which might be isolated not only indigenous traditions and practices but also those of India, China, Persia, and even Greece. Terms such as "Chinese" or "Tibetan" medicine were not indigenous, but derive from European classifications, albeit suited to the interests

of, and rapidly adopted by, those nationalist interests.

Given the artificiality of such constructions, and the implicit and often explicit claims of virtually all medical systems to universal validity, a tension arises between national and transnational conceptions of regional medical systems. This volume seeks to explore the issues arising from that tension in the context of the globalization process, as ("western") biomedicine is indigenized in Asia and Asian medical systems and related practices such as yoga are adopted in the west. The majority of the articles thus examine the character of "national" traditions in exile, and the transformative effects of medical encounters with other cultures, understandings, and laws.

Alter's own critical introduction should be required reading for students in the field, problematizing medical communications and encounters from the earliest period, when medical knowledge belonged not to place or nation, but to "a particular person with clearly manifest skills" (p. 14), a Galen or a Caraka—the ability of such individuals to attract patronage—a little studied aspect—was surely crucial to that determination. Indeed patronage, individual or state, is fundamental. Any consideration of Āyurvedic Acupuncture (*sic!*), the subject of Alter's paper here, or "traditional Indian" treatments for HIV/AIDS, as discussed by Cecilia van Hollen, requires consideration of consumer cultures and economies, and the strategies by which such constructions appeal to those elements. Martha Ann Selby's wonderfully entertaining, albeit brief, account of New Age Āyurveda makes such strategies plain.

While consideration of Japan is lacking, Deepak Kumar, and S Irfan Habib and Dhruv Raina, discuss process and modernization in colonial India, while three papers are concerned with these issues in China. Susan Brownell's discussion of plastic surgery there engages with political and class conflicts, as well as military medicine and concepts of identity and the "body". Nancy Chen examines the popular healing practice of *qigong* and its relationship with the communist state (without however, sustained linkage to the transnational focus of