

Anne Harrington, *The Cure Within: A History of Mind–Body Medicine* (New York: W.W. Norton, 2009), pp. 336, \$25.95, hardback, ISBN: 978-0-393-06563-3; \$16.95, paperback, ISBN: 978-0-393-33397-8.

Anne Harrington's past scholarship has focused largely on the cultural history of science and medicine and usually with reference to the brain and nervous system. In *The Cure Within: A History of Mind–Body Medicine*, she explores several interlinked themes on mind-body illness and mind-body healing. Unlike her earlier books that were intended for academic audiences, Harrington has written this one for a wider if educated audience. In terms of that audience, the book invariably succeeds. Yet the book lacks a certain texture and quality that made her earlier works such models of historical scholarship and probably those readers who are familiar with her earlier works will walk away feeling a little teased, aware that there was more to be said and that somehow the author was holding back.

In short, Harrington addresses the subjective experiences of illness and healing, and the narratives that people use to describe those experiences. Her interests are two-fold: she is as interested in why people are as sceptical of these stories as they are willing to articulate and relate to them. To tell her story, Harrington begins by focusing on the healers who sometimes used the power of suggestion to elicit revival in their patients. The important lesson to be drawn from her quick study of demonologists, mesmerists, and hypnotists is that the medical profession has occasionally relied upon similar tricks – in the modern day we call this the placebo effect.

The power of suggestion, however, implies an important duality in suffering. If doctors could treat with suggestion, then why could they not create illness in the same manner? Enter the hysteric, the neuroasthenic, and the other psychosomatic patients that dominated Jean-Martin Charcot's Paris clinic or later Freud's practice in Vienna. Such patients and narratives spoke to a deeper transformation in

society. It became conventional in the twentieth century to think that emotional outlook could change subjective bodily reality – the power of positive thinking. Ironically, with this modern understanding of science and emotions came a competing sense of gloom. For while modernity equipped everyone with the tools to survive, modern life also brought with it so many pressures – including the need to think positively – that normal individuals could be forgiven for succumbing to illnesses of modern life such as stress. Although Harrington never mentions it, the duality she sets up so forcefully was often played out with greatest effect in the satires of the age; in, for instance, the short films by the likes of Charlie Chaplin and Stan Laurel and Oliver Hardy. In any case, her story ends with the merger between East and West. Harrington writes that with narratives about eastward journeys 'we seem to be saying that what modernity has wrought, ancient wisdom will heal' (p. 208). Somehow the stress of modern living is supposed to be transformed with Zen.

Harrington's book is a fun and quick read and her conclusions are thought provoking. Yet there are aspects of her argument that raise many questions, not the least about why historians suddenly discovered the importance of experience and the ways in which experiences changed over time. One cannot help but see larger material forces and pressures undergirding the turn to cultural history and experience. Harrington points out (hopes?) that these narratives of mind and body have a destabilising effect, one that might bring about an end to the two cultures approach that has so long dominated the academy. But for me that elides a more essential question. What is culture? If Harrington believes that culture exists largely intact and removed from the economic stratum of societies (and her book's presentation suggests that she does not believe that), then the narratives of mind–body medicine might truly be transcendent in the way that her conclusions imply. Yet some might be forgiven for suspecting that these cultural

narratives have more to do with middle-class anxieties, pressures, and privilege, as well as with the shifting global conjunctures of industrial and financial production. My point is that whenever we elevate certain cultural narratives, we do so by ignoring alternative others. Or put differently, we lend our voice to our own cultural narrative, one that is perhaps much more coherent than we realise.

This is admittedly an old-fashioned even unfashionable critique of a currently fashionable historical approach. Harrington's book is very good. It would be useful in the classroom, and it has already established its broad appeal. But perhaps the book can best serve to push younger historians to ask questions about our own storytelling strategies. Or, put more precisely, why we have adopted the cultural history approach.

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Christoph Gradmann, *Laboratory Disease: Robert Koch's Medical Bacteriology*, Elborg Forster (trans.), (Baltimore: Johns Hopkins University Press, 2009), pp. viii + 318, £18.00/\$35.00, hardback, ISBN: 978-0-8018-9313-1.

Most noteworthy biographical revisionism these days tends to remove the fig leaves of former hero worship from what Sigerist called the Great Doctors to reveal men and women as much of their times as anyone else. Yet I am hard put to think of any current work that strips any of these earlier superstars so naked that not an atom remains of genius, technical inventivity, moral leadership or whatever quality was deemed by their contemporaries to mark their greatness. So it is with Christoph Gradmann's Robert Koch. In this excellent study, we see much more of the petty bourgeois, much more of the laboratory worker who arrived at and tested a 'germ theory', much more of the world out of which that theory came and into which it dissolved so as to make its truth obvious, yet in the end we

are still left with that unique, enigmatic kernel, that composite of intellectual originality, practical creativity and amazing patience that made Koch an extraordinary medical innovator.

Gradmann's study is divided into four parts. The first on 'Lower Fungi and Diseases; Infectious Diseases between Botany and Pathological Anatomy, 1840–1878' is one of the best introductions I know of to that world of disease aetiology that looks so hideously complicated in the light of modern germ theory. This section, besides synthesising the secondary literature, endorses Koch's own claim that he was doing something new. He turned away from pathology – pyaemia, septicaemia, etc. – as the object of study and investigated the symptoms of infectious disease in experimental animals and the specific micro-organism that supposedly caused them. Gradmann convincingly claims that Koch's insistence on a constant one-to-one relation between bacterial species and symptoms was original – 'the classification of disease, correlated with the classification of bacteria' (p. 58). Quite where Koch got this from is not revealed. We await Andrew Mendelsohn's study of Koch for more on this.

The second part of the book deals with 'Tuberculosis and Tuberculin: History of a Research Program' and part three, 'Of Men and mice: Medical Bacteriology and Experimental Therapy, 1890–1908' explores the relations between the germ theory as a laboratory science and clinical medicine. But since the focus of this latter part is mainly the clinical testing of tuberculin it continues the story begun in part two. That tuberculin, Koch's cure for tuberculosis, was a failure and brought him some disgrace is well known. What Gradmann provides in these two sections is a better contextual understanding of this episode in terms of Koch's character and the contemporary comprehension of and enthusiasm for germ theory. Most striking is that the very qualities that enabled Koch to provide substantial evidence for his germ theory abandoned him in his search for a TB