

stood mightily against the failure of rights in the wake of the Reign of Terror. Though this analysis of utilitarianism's victory is by no means new, Gere presents a critique of utilitarianism in the following chapter, by arguing the grave distributive inequalities at the heart of utilitarianism. She explores the marriage between Bentham and Malthus in the achievement of the work-house reforms of 1834. She argues these reforms foreshadowed the often-repeated mechanistic means by which utilitarianism can discriminate against the very poorest and most vulnerable in a society. As Gere puts simply, these people are deemed to have the very least to lose and as such are justifiably sacrificial in the pursuit of the greater good. Following from this critique, Gere continues by plotting the development of utilitarianism through the work of John Stuart Mill and Alexander Bain. She concludes that as the nineteenth century ended, utilitarianism and its mechanistic patterns of distribution based on pain and pleasure became the accepted evolutionary model that determined society's progress by British scientists, economists and philosophers. The final section, comprising the last two chapters, tells of the rise of utilitarian psychology on the other side of the Atlantic, and explores the clandestine re-emergence of utilitarianism in the fields of 'neuroeconomics' and 'behavioural economics', and the close ethical foundations these new disciplines share with the Cold War principles of medical utility.

Written with verve and character, where the author's voice is unapologetically present, Gere's new book provides a stylishly forceful critique of medical utilitarianism. Her aim to uncover, critique and expose the dichotomy between pain and pleasure that drives utilitarian ethics, and its mechanistic apportioning of human society into categories of social needs and the individual's sacrificial value, is comprehensive and thought-provoking. This is an important new addition to the history of informed consent and medical ethics, and as a provocative and thoughtful work it stands as a must read for historians of medical ethics, bioethicists and medical practitioners alike.

David Peace

University of Kent, UK

doi:10.1017/mdh.2018.48

Barbara S. Bowers and **Linda Migl Keyser** (eds), *The Sacred and the Secular in Medieval Healing: Sites, Objects and Texts* (London and New York: Routledge, 2016), pp. xv + 313, £110, hardback, ISBN: 9781472449627.

The product of conference sessions co-sponsored by AVISTA (The Association Villard de Honnecourt for the Interdisciplinary Study of Medieval Technology, Science and Art) and Medica: The Society for the Study of Healing in the Middle Ages, this richly-illustrated collection of ten essays, prefaced by a substantial introduction by Lindsay Jones, is divided into two sections exploring texts and objects respectively. Immediately and deliberately, therefore, it calls into question the categories in the volume title, blurring the boundaries between 'sacred' and 'secular' and demonstrating that, in matters of health and healing, scholars need to look beyond the obvious sources of information in texts, that were themselves, in Jones's words, 'medieval interpretations of sickness and health' (p. 2), and be equally attentive to material culture, environmental factors and what the texts do *not* tell us about. Iona McCleery, for example, sets an important agenda for research when she points out the serious lack of attention to a basic human necessity for good health – access to food. She wonders why the catastrophic effects of famine have not attracted similar levels of attention to those accorded to medieval plague. The latter, in this volume, is

represented by Michelle Ziegler's exploration of plague in Bede's prose *Life of Cuthbert*, and by Ottó Gecser's study of late medieval plague sermons and tracts, many of which were composed long after the Black Death. Both essays demonstrate that the traditional contrast drawn by scholars between medical and religious responses was by no means clear-cut. Leigh Ann Craig echoes this opinion in her chapter on late medieval resurrection miracles.

Several of the essays also caution against dismissing written and physical evidence that does not fit modern paradigms of what constitutes 'medicine' and 'healthcare', or seeing in that evidence the first seeds of 'modern' medical practices. Virginia Langum therefore explores the concept of anger/wrath as both sin and humoural imbalance in late medieval English medical and confessional texts, and argues that the relationship between the two cannot be easily disentangled into simple categories of sacred and secular. William H. York uses the case of Valesco de Taranta (fl. 1382–1426) to demonstrate that his medieval language of observation and *experientia* encompassed a far greater range of evidence and observation than the strictly scientific empiricism with which later authors credited him.

The four chapters in the 'Objects and Sites' section of the book further underline the danger of approaching medieval (and late antique) evidence with taxonomic preconceptions. Genevra Kornbluth makes the case that early medieval crystal amulets, for instance, were not regarded as 'magical', but simply as material objects that were considered to have natural powers. Only later did they come to be seen as magical and thus also as potentially dangerous. Yet, even in the later middle ages, as Nichola E. Harris points out, lapidary medicine was still popular, and she traces the long history of the use of eagle-stones and loadstones (magnets) in reproductive and obstetric contexts. Belief in the efficacy of physical objects extended to pilgrimage sites and the materials associated with them, as chapters by James Bugslag and Michael Lewis illustrate. Lewis, whose chapter on pilgrim badges acknowledges its debt to the work of, and pays tribute to, the late Geoff Egan, points out that the power of pilgrim badges rested mainly in the fact they had touched the shrine of the saint. The Church therefore sought to control what was a lucrative source of income by denying unauthorised badge-makers access to the shrine. The theme of control also permeates the study of pilgrimage sites by Bugslag, and he argues persuasively that we need to pay more attention to the scattered but plentiful evidence of what pilgrims actually *did* once they arrived. Rather than being passive and acquiescent recipients of miracles as presented by the texts, the sick and injured at shrines should be seen as actively engaged in shaping their own interaction with the saint, demanding space, taking dust and other materials from the shrine and/or leaving *ex votos* in thanks for cures. This is a 'messier' version of pilgrimage that draws upon anthropological studies and surviving practices (particularly within the modern Greek church).

Many practices, as the essays in this section in particular make clear, had very little to do with Christian religion *or* humoural medicine. Instead, they drew upon older, and well-established 'knowledge' of the curative properties of springs, trees, stones and other apotropaic objects (some of which Valesco de Taranta, for example, collected from his informants). This is a history that is clearly visible in medieval medical texts, but has suffered from the indifference of historians looking for early 'medicine', or outright condemnation of later writers, in particular those concerned with focusing the belief of the Christian faithful on the power of saints, mediated by the clergy. The value of this collection is that it implicitly replaces 'sacred' and 'secular' simply with 'belief' – in

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.

Patricia Skinner
Swansea University, UK

doi:10.1017/mdh.2018.49

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