

develop into an economically under-achieving “disability society”. According to Grob, the search for the magic bullet is misguided and futile, not least since the great majority of fatal and debilitating conditions that continue to afflict contemporary America have their origins in complexes of genetic interaction rather than the behaviour of a single gene. Biologists and medical scientists have pieced together the road-map and located the sign-posts. However, they are still only rarely able to direct drivers from one place to another.

The only detectable weakness in Grob’s exemplary overview of the state of the nation’s health in the contemporary world is a failure to devote sufficient space to the massive scale of death and injury on America’s roads. Otherwise, this is a comprehensive, wise and timely survey which effortlessly moves from state to state, hamlet to city and past to present. It certainly deserves an unusually wide readership. As for specialists, they will long be in Gerald Grob’s debt for having so assiduously trawled an ever-expanding secondary literature.

Bill Luckin,
Bolton Institute

Roy Porter, *Madness: a brief history*, Oxford University Press, 2003, pp. xii, 241, illus., £7.99 (paperback 0-19-280267-4).

Of all the projects launched at the inception of the Wellcome Institute for the History of Medicine, none, arguably, was more successful than the social history of madness and psychiatry. I still recall the excitement with which our generation greeted the three volumes of *Anatomy of madness* and Roy Porter’s monographs, *Mind-forg’d manacles* and *A social history of madness*. Many built upon those pioneering contributions until the field of psychiatric history became so densely cultivated that newcomers as well as some old hands were in danger of losing their way. One yearned for a handy overview incorporating the new orientations, providing the essential information, but leaving out the detail and the jargon.

The late Roy Porter provided precisely that with one of his last and shortest books. This elegantly designed volume is not just the short guide to the history of madness we and our students have long needed but also, implicitly, a summing-up of the project which Porter and his colleagues had inaugurated more than two decades ago in London. “In such a short book, I have focused”, Porter explains, “on a few core questions: who has been identified as mad? What has been thought to cause their condition? And, what action has been taken to cure or secure them?” (p. 9). In its 200-odd compact pages, the book explores these questions with great learning and brio. Beginning with pre-modern attributions of insanity to “gods and demons”, Porter guides us through the complexities of Renaissance and Enlightenment medical speculations and their cultural contexts, not forgetting to illuminate relevant historiographic debates—that over Foucault’s claims on the beginning of institutionalization, for instance. The most admirable thing about the book is the way it balances multiple themes. Nineteenth-century asylum-building is highlighted, but not at the expense of nineteenth-century efforts to explain mental disorders as brain disorders. The twentieth century, the so-called “psychiatric century” and, of course, the century of psychoanalysis, receives detailed attention, but the current intellectual and cultural status of psychiatry are not left unexamined. Porter is always urbane but never bland. The account of America’s mid-twentieth-century lobotomy craze, for instance, appreciates all the pressures that psychiatry was under at the time but still exudes righteous indignation. Modern “cosmetic” psychopharmacology, again, is explored with considerable sympathy but the sheer pathos of our quest for chemical bliss is not obscured. Obviously, doctors, their theories and their practices, feature prominently in the book but Porter reserves some of his most deeply-felt passages for the opinions and experiences of mad people themselves.

It is remarkable how much information is packed into the pages of this tiny volume: sentences sum up entire episodes, parenthetical remarks sketch world-views, and even the

captions to the skilfully chosen illustrations supplement the text. Although any reader with any interest in the subject would find this a clear, compassionate and witty introduction, experts alone will appreciate quite how comprehensive and generous it is—and how free of the ideological obsessions and jargon-laden prose that the recent historiography of psychiatry seems unable to transcend.

Chandak Sengoopta,
Birkbeck College,
University of London

Lise Wilkinson and Anne Hardy, *Prevention and cure: the London School of Hygiene and Tropical Medicine. A 20th century quest for global public health*, London and New York, Kegan Paul, 2001, pp. 438, 32 figures, £65.00 (hardback 0-7103-0624-5). Distributed by John Wiley & Sons, Southern Cross Trading Estate, 1 Oldlands Way, Bognor Regis, West Sussex, PO22 9SA; and Columbia University Press, 61 West 62nd Street, New York, NY 10023, USA.

The London School of Hygiene and Tropical Medicine has been discussed by historians largely in terms of its role in the development of tropical medicine, so this new history of the School, which gives equal weight to its work on hygiene, is most welcome. Also, the authors have taken the story beyond the “golden age” of imperial medicine before the First World War and paint a detailed picture of the development of the School’s teaching and research in circumstances that became quite difficult times. Just how difficult these times were is perhaps understated, for example, defending the School against the repeated claim that it was anachronistic to have such an institution in London once Britain had lost its empire, and maintaining an institution dedicated to public health in an era when medical practice became ever more centred on the individual clinical encounter. That said, the authors show that the School survived and flourished due to the quality, value and relevance of its research and teaching, which were adapted by successive

directors and departmental heads to changing political, economic and medical contexts.

The story of the foundation and early years of the London School of Tropical Medicine has been told many times, so rightly the authors do not dwell on the period before the 1920s, except to give valuable accounts of the work undertaken on specific vector borne parasitic diseases that so dominated tropical medicine at that time. The account of the coming together of tropical medicine with hygiene shows the many forces that shaped the new institution and in particular emphasizes the roles played by Robert Leiper and Andrew Balfour. They make it clear that “tropical medicine” was not a late addition to plans for a Rockefeller-funded School of Hygiene, but that it was an integral part from its earliest conception. The main body of the book is six chapters on the teaching and research work of different specialisms, beginning with epidemiology and medical statistics, where John Brownlee and Major Greenwood established high standards and diverse interests that were maintained by Austin Bradford Hill and Donald Reid. The early years of bacteriology and immunology in the new School were dominated by W W C Topley, whose renowned textbook, co-authored with G S Wilson, was based on the syllabus taught in the School. Topley and Wilson developed an all-purpose department that was strong in teaching, research, and consultancy, a fact evident in the late 1930s when it was chosen as the base for a new Public Health Laboratory Service, created to deal with anticipated wartime problems with communicable diseases. After 1945, the department’s work followed general trends in microbiology, with the growth of virology, vaccine development, testing and production, and latterly studies of parasite immunology.

In public health, the School’s staff are shown to have been leaders rather than followers, with activity grounded in the teaching of the Diploma of Public Health (DPH). The department’s first head, William Jameson, also served as Dean of the School and left to become Chief Medical Officer, playing a key role in the formulation of plans for a national health service. It was not until the mid-1950s that “social