

Keith Wailoo, Julie Livingston, Peter Guarnaccia (eds), *A death retold: Jesica Santillan, the bungled transplant, and paradoxes of medical citizenship*, Studies in Social Medicine, Chapel Hill, University of North Carolina Press, 2006, pp. viii, 378, \$55.00 (hardback 0-8078-3059-3), \$21.50 (paperback 0-8078-5773-4).

Medical procedures do not take place in a vacuum. They depend upon, involve, and shape surrounding society, and access to health care services engages with fundamental ideas of who we are and how we belong. Nowhere is this more readily observed than in the case of organ transplants. Organ replacement therapies reach beyond the strictly medical world in very tangible ways, requiring the transfer of sometimes vital body parts from one person to another and involving the dilemma of how to distribute a scarce and lifesaving resource in a just and economic manner. Regulating and organizing the replacement of organs has proved controversial in most countries, and different societies have come to very different solutions on these issues. Thirty years ago, Renée Fox and Judith Swazey argued that organ transplants were at least as significant for their social and cultural as for their medical perspectives. Judging by the contributions to the collection of essays edited by Wailoo, Livingston and Guarnaccia, this holds true also for the mistakes that sometimes take place in the course of organ transplants.

The essays revolve around one such particular mistake. In 2003, Jesica Santillan, a seventeen-year-old illegal Mexican immigrant with a failing heart, underwent a combined heart-lung transplantation at Duke University Medical Center. Shortly after the operation, doctors discovered that the grafted organs were of a different blood type than the recipient. A rejection period followed, a second heart-lung transplantation was undertaken within days, but to no avail. Jesica Santillan died, having never regained consciousness after the first operation. The

case attracted much attention in the US, and the essays try to draw out the larger questions and themes that were discussed in the process of the public's attempt to make sense of, and to assign blame and glory, in the case of the so called "bungled transplant".

Through four sections, the contributors explore the matching error and how it was explained and understood, the allocation policies of organ procurement organizations (including how to deal with issues of ethnicity, nationality, and wealth in that respect), the international trade in organs and health services, and finally the experimental aspects of organ transplants and the significance of this in relation to the public presentation of Jesica Santillan as a child or even a baby. The anthology draws on the combined expertise of sociologists, ethicists, medical doctors, anthropologists and historians, who all fix their eye not so much on the actual events of the mismatched transplant and what ensued at the bedside, but rather on the public debate that followed and outlived Jesica Santillan. We learn much about how different actors framed their discourse about events in order to divert or assign blame, and the section on organ allocation policies is very instructive in highlighting a question that is sometimes overshadowed (but nevertheless accentuated) by organ scarcity, namely who should receive the available organs. The historical perspective is not predominant, but we do get a chance to see Jesica's case in the light of earlier mistakes and controversies in organ transplantation.

Generally, however, the chapters do not go beyond very general historical comparisons. Similarly, the authors rarely engage in discussions with previous studies on the politics and ethics of organ transplants, just as central analytical concepts like, for example, "medical citizenship" are not discussed or clarified. The result is a collection of highly readable essays that provide little in the way of detailed information of actual events, but excel in their ability to draw out perspectives and make connections within that "volatile microcosm" (p. 6) that the Santillan case is

made to represent. The perspective is almost exclusively on the US, but the contributions provide inspiration and insight also for those grappling with the paradoxes of organ transplants in other settings.

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Petteri Pietikainen, *Neurosis and modernity: the age of nervousness in Sweden*, History of Science and Medicine Library, vol. 2, Leiden and Boston, Brill, 2007, pp. xiii, 391, €99.00, \$129.00 (hardback 978-90-04-16075-0).

This book presents us with a study of the changing concepts of nervous illness (neurosis) in Sweden in the “Nervous Century”, that is 1880–1980, and, equally important, of the social and cultural reception and diffusion of what the author refers to as a “contagious diagnosis”.

The 1880s witnessed an intensified attention towards nervousness. George Beard launched his diagnosis of “neurasthenia”, Charcot started his lectures/demonstrations of hysteria and, more locally, a neurological clinic was opened in Stockholm. For Pietikainen this attention heralded the Nervous Century, which lasted until the American Psychiatric Association in 1980 eliminated “neurosis” from the diagnostic list of the influential DSM-III (Pietikainen’s study only goes up to 1950, thereby leaving out the last three decades of the Nervous Century). In this century, Pietikainen argues, Sweden saw a veritable epidemic of nervous diseases, due to an affinity between “nervousness” and “modernity”, and to the very contagious nature of the concept of neurosis. During this epidemic, the category of nervous illness went through a profound conceptual transformation that is variously, and at times confusingly, presented in the book as a “paradigm change”, a change of “cultures”, a shift between two “languages” and as a transition between two “ages” or “eras”.

When nervous diseases occurred as a mass phenomenon in the 1880s they were linked with the physical reality of the *nerves*, and described in a language where *energy* was a central metaphor. Nervousness was understood as “overtaxing of the nervous system or the constitutional weakness of nerves” (p. 10). This physicalist (or naturalist) paradigm for thinking around and talking about nervous disease reigned from the fin-de-siècle until the 1930s. But from the early twentieth century this paradigm was challenged by a discourse of the psyche, most emblematically represented by psychoanalysis. By the end of the Second World War, as the “era of psychoculture” began, the physicalist language was fully replaced by the psychodynamic frame of reference in which neuroses were understood as the result of psychic conflicts and traumas. This shift also implied a change in the inter-professional relationship between neurologists and psychiatrists as neurosis moved from the domain of the former to that of the latter. Nervousness was now predominately located in the mind of the patient, and the mind was embedded in the social body, rather than in the brain. Hence mental problems to a large degree came to be perceived as problems in the social environment of the patient or in the larger social body. This new conceptualization of many mental problems fitted well with the ideological horizon of social democracy, based on reformism and interventionism, and hence came to have bearings also on the politics of health promotion.

Pietikainen draws on a broad spectrum of historical sources, including psychological, psychiatric and medical journals, minutes of the meetings of medical associations, case records both from private practice and a neurological clinic, medical manuals, textbooks, popular books on neuroses and nerve illnesses, and more. One of the merits of the book is this diversity of sources, and especially the use of clinical records, which are rarely used in this kind of broad historical narrative.

The book presents itself as a history of nervous illness *in Sweden*, taking as its