

theoretical knowledge so strong that it undermines even the visual testimony of the reality of the phenomenon. In fact, Serao cited two letters by an anonymous physician from Lecce in order to transform the phenomenon from poisoning to a melancholic disease; he did not deny its existence, merely changed its aetiology. Paradoxically, there was more scepticism in Baglivi's *carnevaletti delle donne* than in Serao's tarantism.

The fourth and final chapter deals with the Linnaean milieu of such authors as François Boissier de Sauvages, Charles Linnaeus, Märten Kälher, Antonio Maria Minasi and Johann Christian Fabricius. The debate on the classification of the spider and the disease in the realm of nature led to the identification of the real venomous spider, the *Latrodectus tredecimguttatus*, by Pietro Rossi in 1790.

In this last chapter, the dialogue between ancient sources and critical bibliography produces one of the book's most important conclusions. Di Mitri underlines the continuity between past and present: observations of eighteenth-century physicians, healers and travellers could be said to anticipate the idea of tarantism found in twentieth-century psychiatric, ethnologic, anthropologic and social literature. This is the case of the concept of *transe* and of the ethno-psychiatric clinical interpretation of the phenomenon. Nevertheless, Di Mitri does not forget that he is writing a book on the history of tarantism. In fact, the historical turning point of the ecstatic and enthusiastic behaviour of *tarantati* is the crucial advent of the Catholic Counter-Reformation in Puglia, a country characterized by the Greek rite. Thus, the last contribution of tarantism to the eighteenth century was the foundation of a syncretic system of treatment based on the three pillars of religion, magic and medicine.

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**Roberta Bivins and John V Pickstone**  
(eds), *Medicine, madness and social history:*

*essays in honour of Roy Porter*, Basingstoke, Palgrave Macmillan, 2007, pp. x, 295, illus., £55.00 (hardback 978-0-230-52549-8).

Visiting Glasgow in 1997, Roy Porter was asked by an awestruck colleague the mortifyingly pretentious question, "Are you the real 'Roy Porter' or a simulacrum?" Sadly, of course, that is all we can now have: a copy for which no original ever existed, refracted through our own perceptions. However, this collection does a tremendously good job of summoning an image of Porter's interests and methods in the social history of medicine and their impact. In addition, personal recollections show the lasting impression a generous human being made on many hearts, minds, and careers.

That stress on the contribution of the individual is, of course, also central to Porter's intellectual legacy. His focus was on people, their thoughts and activities. As Hal Cook argues in his candid historiographical appraisal, Porter was "neither the founder of a school of history nor an aspirant for such a role. His analyses were rooted in persons and moments rather than in structures" (p. 15). Porter, Cook suggests, was really a social historian of thought rather than of medicine. The mind of the age was centre stage: Porter was interested in how people conceived of themselves and their worlds, in the range of human experience, and in the emergence of ideas from "a variety of people and processes" (pp. 16–17). He wished to break down artificial and anachronistic divisions between medical ideas and other areas of social and cultural life. His trademark commitment to bringing neglected voices into the historical narrative—giving ordinary people back agency, rescuing them from victim status—made him seem part of a wider movement that became associated with socio-economic causal explanations.

The essays here certainly reflect these interests, in a Porterian parade of colourful outsider-individuals: past social historians, medical reformers, educational democratizers, dentists, cucumber-forcing gardeners,

pension-seeking disabled soldiers, anxious working-class mental patients, sexual utopians, blood donors, murderers, mesmerists and great men in crisis. In all this variety, certain common Porterian themes re-occur: the importance of market relationships, of artisan knowledge, of professional self-creation, the meanings of class, the social power of ideas, the historiographical challenge of outsider voices, and the interconnection between the arts and sciences. The essays are of much higher quality (as well as diversity) than in many a *festschrift*, and in most edited collections, and often employ innovative styles of historical writing.

Moreover, many of the pieces (notably Geoffrey Hudson on disabled ex-servicemen, Akihito Suzuki on male anxiety and lunacy, Kim Pelis on the early history of the Blood Transfusion Service, Mary Lindemann on insanity pleas, Emese Lafferton on hypnosis) are genuinely ground-breaking: effectively deploying new archival sources to reveal striking challenges to existing understandings. Elsewhere Adrian Wilson contributes an extremely valuable study of Porter versus Foucault on Paris medicine's differences from Morgagni (a shame, however, that the differences between Porter and Foucault on the modern patient were not explored).

The collection ends, grandly, with two thoughtful pieces on the Porterian themes of psychiatry and the common intellectual context. Daniel Pick explores how Freudianism threatened the already receding Victorian certainty of the autonomy of the will. Mark Micale's equally stimulating final piece focuses on the post-Romantic continuation of the interpenetration of the discourses of science and art.

Does Roy Porter, a largely empirical historian, remain more of a historiographical challenge than more theoretically inclined writers? As Flurin Condrau has argued, the history of medicine has still not satisfactorily responded to Porter's call for full integration of the patient's perspective ('The patient's view meets the clinical gaze', *Soc. Hist. Med.*, 2007, 20: 525–40). Would this mean

unpicking just too many assumptions about what medical history is, or should be, about? Porter's aim, "to see history through people and to allow people to see themselves through history" (p. 13) involves—in its seeming acceptance of actor's categories—a challenging redefinition of the role of the historian and of the nature and scope of history itself. Perhaps it is as such a thorn in the historiographical side—a continual reminder of the purpose and potential value of history (if historians conscientiously reflect on what history is and why)—that Porter's influence will be most keenly felt. In the meantime, let us make do with this excellent collection, which shows that his intellectually thorny legacy is very much alive and pricking.

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**Peter McRorie Higgins**, *Punish or treat? Medical care in English prisons 1770–1850*, Victoria, BC, Trafford Publishing, 2007, pp. ix, 283, illus., £14.99, €21.41, \$26.07 (paperback 1-4251-0153-4).

Implicated thirty years ago as collusive agents of disciplinary repression by Michel Foucault and Michael Ignatieff, prison medical staff have not fared well at the hands of more recent revisionist penal historians such as Jo Sim. In this published version of his PhD thesis, Higgins, himself a retired medical practitioner, aims to correct what he sees as their biased and inaccurate account and to do so he has utilized records held in county and other archives, and consulted parliamentary papers and contemporary published literature.

Beginning with a canter through the prospectus for prison government offered by the reformers of the late eighteenth century, Higgins focuses on John Howard's emphasis on the duty of the state to provide health care for its prisoners. He charts the subsequent growth of more systematic provision of "prison surgeons" and infirmaries by the supervising magistrates. In the early