

taking such a large canvas to fill out that it really fails to say anything new and does not even always acknowledge its sources. But the defect is compensated in the discussion of the eating habits and behaviour of the young, a social group less studied in medical history than ought to have been the case. Its last section is titled, rhetorically, 'Do doctors make their patients sick?' and the impact of the rhetorical interrogative lies in underscoring the "implicit conspiracy" (p. 192) patients and doctors have entered into during the last hundred years. As Shorter cautions, "the whole saga of anorexia nervosa is a textbook example of how culture creates a disease, of how psychosomatic symptoms are induced in a population many of whose members are genetically predisposed to acquire some kind of disturbance of the mind-body relationship" (p. 193).

But the brain lurks behind all these discussions: not the anatomic brain of hypothalamic structures and limbic cortexes, not the latest laser-sharp neuroanatomical and neurochemical pathways, but the cultural brain of humankind, the social brain that has also conceptually and behaviouristically evolved through the centuries even if its neuronic capacity has not altered very much from the time of Homeric woman. Yet Shorter never "plays" with the brain in the explicit way he spins around other culturally constructed topics. There are few uses of the word and even fewer discussions of its role. The brain is not even listed in his index (not that this is proof of anything). Yet the brain remains integral to this adroit demonstration of the manifold ways that medicine enters the social fabric and, more explicitly, the ways that cultural forces shape psychosomatic illnesses. Any cultural shaping of *the mind into the body* is incomplete *sans* the brain underlying the fabric of this exploration. We need not one, but many, cultural histories of the brain in just the lucid genre Dr Shorter adopts in this useful book.

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Dorothy Porter and Roy Porter (eds), *Doctors, politics and society: historical essays*, Clio Medica 23/ Wellcome Institute Series in the History of Medicine, Amsterdam and Atlanta, Rodopi, 1993, pp. ix, 311, Hfl 59.00 (90–5183–510–8).

In recent times it has become almost *de rigueur* to publish the papers of successful symposia and conferences. And why not? Books not only take years to research and write, but, if accepted by a press willing to take the financial gamble, often turn out to be expensive, thus restricting their circulation and impact. Specialized and refereed journals, in turn, may have long waiting lists and limited space for one's articles. Except for causing headaches to cataloguers and bibliographers—individual contributions can be effectively "buried" forever—proceedings or edited collections such as this one with a central theme provide readers with new opportunities for focused reading.

The Porters have done it again! As prolific authors and editors, they have taken six papers from a one-day symposium at the Wellcome Institute in London and secured an additional six on topics dealing with the interface of medicine and politics. The result is a veritable smorgasbord ranging from Bentham's utilitarianism and medical care to the political agendas of medical historians such as Henry Sigerist and George Rosen. In between, there are papers on Bourneville, Charcot's associate, and French anticlericalism, an essay on Soviet debates over the legalization of abortion, hygiene and the Holocaust, Dawson and Britain's National Health Service, and others.

Given such diversity, readers will be grateful to find an extensive introduction written by the Porters which examines historiographical issues and raises some general issues. Traditional scholarship has largely tended to ignore the politics of great doctors unless such "extracurricular" involvement clearly enhanced their stature and were deemed to be beneficial to society and

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the state. Caring for the poor in hospitals and during home visits, individual physicians since the Enlightenment got involved in political reform movements, joining their voices to describe the evils of urbanization and industrialization. Other work has exposed the recent political fortunes of the medical profession itself and its struggles to achieve a healing monopoly. As the Porters point out, less developed are studies focusing on the medicalization of politics, especially the employment of scientific yardsticks and moral authority in the formulation of public policy. This volume is meant as a beginning and incentive for further work. As such it has succeeded.

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Jacalyn Duffin, *Langstaff: a nineteenth-century medical life*, University of Toronto Press, 1993, pp. xv, 383, illus., £39.00, US \$72.00 (hardback 0-8020-2908-6), £11.50, US \$22.00 (paperback 0-8020-7414-6).

James Miles Langstaff (1825–89) was a small-town Canadian physician who would be lost to history, despite his incredible record keeping, were it not for Jacalyn Duffin, the Hannah Professor of the History of Medicine at Queens University. Professor Duffin has rescued the man's voluminous records from attics and archives (apparently the longest running set of medical day books in Canada) and gives us a fascinating account of his forty-year "ordinary" medical practice. Aided by a computer, Duffin recorded every doctor-patient encounter in selected years of Langstaff's practice—a total of 26,638 encounters—and subjected the data to detailed analysis. Thorough not only with the 17 daybooks, 11 account books, and miscellaneous documents that cover the forty years, most of which remains the property of the family, Duffin is also wide ranging in her reading of the historical literature. Throughout

the book she makes connections between Langstaff and his community and the larger world of Canadian, American, and European medicine. This is a wonderful book, sprightly and fully documented.

Readers should expect (as Duffin warns, with obvious regret) that the book is a biography of a medical practice and not of a physician. As copious as the physician's notes were, they are not the sort that allow Langstaff himself to emerge independent of his patients and his work. None the less Duffin presents considerable insight into the man's personality and life outside of medicine—his two wives and their 15 pregnancies, for example—by scouring the legal and political records, local newspapers, and by interviewing surviving family members.

Duffin investigates a range of activities in her successful effort to make the tedious hard work of one individual historically significant. She leaves few stones unturned. She provides a picture of this physician's practice that helps us to understand how hard it was to be a small-town doctor. Langstaff travelled to see his patients long bleak miles over abysmal roads in all weathers, maybe to get paid for his efforts, maybe not; sometimes to be appreciated by grateful patients, sometimes to be criticized or replaced. Duffin says that Langstaff's records reveal "that this doctor rarely took a day off, less often left his region, and never attended a medical conference; yet he adopted the innovations of his era" (p. 4). As this sentence indicates, Duffin admires her subject. Her favourable feelings occasionally lead her to forgive too quickly and to put the best possible interpretation on his actions. When Langstaff blunders his way through a smallpox epidemic in 1880, for example, disregarding public health wisdom and covering up mistakes, Duffin none the less concludes that he was "committed to organized public health" (p. 231).

Historians have tried to understand how new medical ideas and practices filter down to the isolated individual physician, and this is a question Duffin poses in every one of her