

challenging historically is the general acceptance of the new instruments and their values in private practice and homes. In 1913 the Imperial Physical-Technical Institute tested over 110,000 thermometers a year, many for domestic use, and—this is crucial—by about 1900 normal body temperature and what counted as a raised temperature were common knowledge. Why did laypeople accept these instruments, apparently with little resistance? Because, Hess suggests, thermometers did not simply extend, but could also limit medical authority.

Patients themselves insisted on diagnostic instruments and a “thorough examination”, and in increasingly silent medical encounters temperature—when the patient was allowed to know it—became a key topic of conversation. The numbers were so completely abstract that they left plenty of room for interpretation. The middle class, at least, also bought thermometers to keep at home, possibly because they could use them to re-appropriate powers of decision-making which they were otherwise losing to physicians. Gunnar Stollberg tells us that the feminist Lily Braun remembered her exhaustion in December 1902 after the Social Democratic Party conference and Christmas shopping. “How weak I was and how glowing hot! With my last strength I crawled into the bedroom and put the fever thermometer under my arm: 39½—I called for Berta [her maid] and sent to the doctor” (p. 133). Braun did not have her temperature taken under medical supervision, but rather used the thermometer to decide that she would consult a physician. Far from invalidating her lay diagnosis of feeling feverish, she converted it into a by then binding norm, to which, within limits, the doctor would also have to submit. Working-class patients may have done the same. And, not surprisingly, some clinicians now began to contest the “overvaluing” of mere numbers.

Drawing upon the work of Theodore Porter, Hess argues that within a new “culture of objectivity” medical experts were as bound by the norms they produced as were their patients. I am struck by what an unusual medical

instrument the thermometer was: a key biomedical tool, generally available and usable by laypeople who also knew, and to some extent were medically acknowledged to know, how to interpret the numbers it offered. Much norming in medicine around 1900 was far less “democratic” (p. 188) and much less benign. But however we assess it, here is a set of practices crucial to the making of modern medicine on which this book usefully prompts us to reflect.

Nick Hopwood, University of Cambridge

Mathew Thomson, *The problem of mental deficiency: eugenics, democracy, and social policy in Britain c. 1870–1959*, Oxford Historical Monographs, Oxford, Clarendon Press, 1998, pp. ix, 351, £48.00 (0-19-820692-5).

Mathew Thomson’s new book, its somewhat misleading subtitle notwithstanding, provides us with a valuable overview of how the British (or rather the English, for there is nothing here about Scotland and Ireland) dealt with the problem of mental deficiency in the first half of the twentieth century. Developments between 1870 and 1913 are disposed of rapidly in a few pages on “the prehistory of mental deficiency” that form part of the introductory chapter. Thereafter, the focus is resolutely on our own century, and most especially on the notorious 1913 Mental Deficiency Act and its aftermath.

Thomson seeks to examine his subject from a number of overlapping perspectives. He looks at the “high politics” of Parliament and the Civil Service; the interest group politics of professions, voluntary groups, and pressure groups; activities at the level of local government; and the micropolitical interaction between those on the sharp end of social policy—social workers, families, and the “defectives” themselves. He examines both the total institutions into which the mentally defective were segregated, and the growth of “community care”, an approach whose origins

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he traces back to the interwar years. And he looks at the controversies swirling around the proposed use of sterilization as a “solution” to the problem of mental deficiency, essaying some comparative references to the development of social policy in this area in France, Germany, and the United States.

Inevitably, Thomson’s approach, which involves repeated traverses of the same territory from a range of starting points, creates a certain degree of repetition and redundancy in the discussion. My own copy of the text was also marred by the shoddy technical quality of the book: ink bleeding through from one page to another made portions hard to read, and copy-editing lapses gave further evidence of a carelessness I find reprehensible in a publisher as distinguished as the Clarendon Press. These are genuine annoyances and deficiencies, but they are offset by a number of virtues.

In the first place, Thomson’s attempt to place policy towards mental deficiency within a broader context of the development of the Welfare State is largely successful. In an area ripe for sensationalism, his discussions of such issues as the social roots of support for sterilization or the relations between gender, sexual activity, and certification as feeble minded are reassuringly balanced, detailed, and sensible. The monolithic models others have sought to deploy in polemics on these subjects fare poorly when confronted with detailed data—which is not to imply that Thomson shies away, for example, from discussing the reasons for the over-representation of females in the ranks of the mentally defective or is sparing of those who could refer unblushingly to his subjects as “human vermin” who “crawl about, doing absolutely nothing, except polluting and corrupting everything they touch” (quoted p. 43).

Valuable, too, is Thomson’s demonstration of the tendency of professionalization to lead to neglect of the most gravely disabled, and a migration to the margins, where more treatable cases might be found—a point that echoes one of Gerald Grob’s claims about the proclivities of twentieth-century American psychiatry. Professionals operating in this arena had a

particularly difficult time of it, for as Thomson points out, psychiatrists had problems legitimizing their role in the care of the mentally defective—who were by definition incurable—and those who elected (or where sentenced) to practise in this area found themselves in “a residual and stagnating area of the welfare system” that threatened to leave them “trapped in the carceral mode of the past” (pp. 97, 98). Their dilemmas and difficulties are usefully illuminated, as are the tensions that arose between volunteers in this sector and the emerging generation of professionally trained social workers. Noteworthy, too, is a trenchant chapter on the fate of the mentally defective under the Welfare State, with the growing tendencies to differentiate “between high-priority and well-resourced services for the curable, and a continuing decay and neglect of services for the incurable and chronic” (p. 293) having obviously deleterious consequences for this vulnerable population.

In sum, this generally well written monograph is a welcome addition to a somewhat sparse literature.

Andrew Scull,

University of California, San Diego

Thomas Schnalke, *Medizin im Brief. Der städtische Arzt des 18. Jahrhunderts im Spiegel seiner Korrespondenz*, Sudhoffs Archiv, Beihefte 37, Stuttgart, Franz Steiner, 1997, pp. 271, illus., DM/SFr 88.00 (3-515-06725-6).

After Mary Lindemann’s work on health care in the duchy of Braunschweig-Wolfenbüttel and Thomas Broman’s on the professionalization of German doctors, this book adds a further perspective to the recent historiography of medicine in eighteenth-century Germany: the world of an urban physician with scientific ambitions. Based on his Erlangen *Habilitationsschrift*, Schnalke provides an analysis of the correspondence of the renowned Nuremberg physician Christoph Jacob Trew (1695–1769).