

We read of experiments in which Jews were deliberately infected with typhus and then various treatments, or none, given. The results (showing no effect of the medication) were then published in an old-established German medical journal.

Charles Roland is a professor of the history of medicine at MacMaster University and the study is appropriately scholarly. But it is flat and in places almost dull. The figures and tables of mortality rates from typhus and other diseases seem to me inappropriate here, almost pedantic in a story of human evil and nobility of epic if not unique quality. The book reads, as in large part it is, like a report of a number of interviews. Although the stories are traumatic and awful, the treatment somehow reduces the scale and sweep almost to paltry proportions. It should not be necessary to devote one quarter of such a book to references and notes. But perhaps in criticizing Professor Roland's lack of emotional range I am being unfair, and am under-estimating the service he has done to humanity, and particularly to the greater medical profession, in recording the medical story of the Warsaw ghetto. It is an object lesson on where racial prejudice mercilessly applied can lead. It is a lesson we need to remember today and always.

There is an unbearably poignant cover picture of a young boy in a street cradling a man's head in his hands and looking at the camera. He is doing the only thing he can to help. The man is dead.

David Pyke, Royal College of Physicians, London

BARBARA BATES, *Bargaining for life: a social history of tuberculosis, 1876–1938*, Studies in Health, Illness, and Caregiving in America, Philadelphia, University of Pennsylvania Press, 1992, pp. xii, 435, £43.50 (hardback, 0–8122–3120–1), £17.95 (paperback, 0–8122–1376–X).

Slowly the historiography of tuberculosis is getting its due. Barbara Bates's *Bargaining for life* is as indispensable and beautifully written as the earlier books by Bryder and Smith but this time the focus is particularly sharp: the experience of Philadelphia between 1876 and 1938, made possible when Bates (a physician at the University of Pennsylvania) came across an unexplored collection of letters written to and by Dr Lawrence F. Flick, one of the great pioneers in the campaign against tuberculosis in the USA.

Born in 1856, Flick had developed tuberculosis in 1874 while still at school. Nevertheless, his health eventually improved and on resuming practice he found that tuberculous patients were attracted to a doctor with personal experience of the disease. In the 1880s Flick was unusual in arguing that tuberculosis was contagious and also that experience in England and Wales showed that special hospitals reduced the death rate. Until then the care of indigent patients in the USA had followed a traditional evolution: most had died at home or been cared for in the almshouse or latterly in a dedicated department at the Philadelphia Protestant Episcopal City Mission. In 1895, helped by local Roman Catholic organizations, Flick developed the concept of the Free Hospital for the poor with advanced disease. Initially this paid for beds in various city hospitals, and then in 1901 he imitated developments in Europe and elsewhere in the USA by starting work on a sanatorium in the nearby mountains of Eastern Pennsylvania. A third element was added in 1903, when a wealthy industrialist sponsored the Henry Phipps Institute in central Philadelphia, where research, inpatient treatment, and an outpatient dispensary could all be combined.

Some of the revelations in the earlier books are mirrored across the Atlantic in Bates's work. The inpatient stays at the sanatorium were remarkably short (at first 70 per cent of patients leaving within the first month), discipline was strictly enforced, false hopes were continually raised by new "cures", routine treatments were useless and bizarre, and some requirements were thoughtlessly cruel (every patient on admission having to sign a consent to autopsy). The statistics suggest that a third of the patients discharged as improved in the first two years returned in the third, while most of the doctors and nurses (who had usually themselves "recovered" from tuberculosis) were dead within six years.

Nevertheless, Bates's account differs from the others in three major respects. Firstly, the locality studied was relatively small. Secondly, though, it was far from homogeneous, and three races were unusually susceptible—the Russians, the Irish, and the Blacks. Bates devotes a particularly valuable chapter to the special problems of the last, who on racial grounds were often excluded from hospitals and sanatoria, despite their having double the mortality of whites from tuberculosis (and Flick's role in

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this story was again exemplary, though he was forced to resign from the sanatorium directorship because of his resistance to segregation). The third difference between Western Europe and the USA was in the natural decline in the death rates from tuberculosis. Still unexplained (though probably related to improved nutrition and housing), this had started in Europe as early as the late 1840s, whereas in the USA it was delayed for another 30 or 40 years.

Bates's story has a contemporary resonance. A judicious combination of care by the voluntary, local and state sectors might, she points out, answer our contemporary dilemma as to the optimum pattern of care for our elderly and chronic sick. Should our authorities decide to go down this road, they would do well to avoid the needless complexities she chronicles so readably.

Stephen Lock, Wellcome Institute

CHARLES LESLIE and ALLAN YOUNG (eds), *Paths to Asian medical knowledge*, Comparative Studies of Health and Medical Care series, Berkeley and Oxford, University of California Press, 1992, pp. 296, illus., \$40.00 (hardback, 0-420-07317-7), \$15.00 (paperback, 0-520-07318-5).

When Charles Leslie edited and published *Asian medical systems* in 1976, it established a new level of sophistication in the study of the field and became required reading for all students of the subject. This new collection of studies continues this tradition of excellence, and similarly deserves a place on our bookshelves.

The articles Leslie and Young have collected cover three areas: East Asia, South Asia, and Islam. On East Asian medicine we have Shigehisa Kuriyama (on eighteenth-century Japanese anatomy), Paul U. Unschuld (on the reception of traditional Chinese medicine in the twentieth century), Judith Farquhar (Chinese medical case histories), Gary Seaman (medical folk concepts in Chinese geomancy), and Margaret Lock (health tensions affecting the (post-) modern Japanese family). On South Asia we have Margaret Trawick (death and nurture in Indian healing), Gananath Obeyesekere (science, experimentation and clinical practice in āyurveda), Charles Leslie (syncretism in modern āyurvedic interpretation), Francis Zimmermann (violence and non-violence in the semantics of āyurvedic interpretation), Mark Nichter (sociology of a viral epidemic in South India). Finally, on the Islamic humoral traditions we have two papers: Byron and Mary-Jo DelVecchio Good (the comparative study of Greco-Islamic medicine), and Carol Laderman (Islamic humoralism on the Malay peninsula).

The collection is preceded by a substantial state-of-the-field essay by the editors, and each subdivision of the book likewise starts with an overview essay. These components create a valuable and thematically unified textbook which is more than the sum of its parts.

The volume shows only one limitation: it does not, perhaps, do full justice to current European scholarship in the field of Asian medicine. There is a lively scene this side of the pond, but only a few of the European articles or books from the last few years are cited by any of the contributors.

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