

Matthew H Kaufman, *The regius chair of military surgery in the University of Edinburgh, 1806–55*, *Clio Medica* 69, Wellcome Series in the History of Medicine, Amsterdam and New York, Rodopi, 2003, pp. vi, 361, €80.00, \$116.00 (hardback 90-420-1248-X); €37.00, \$54.00 (paperback 90-420-1238-2).

Matthew H Kaufman, Professor of Anatomy at the University of Edinburgh and military medical historian, offers an illuminating account of this little known yet critical aspect of both military and medical history. The years 1806–1855 cover the entire life of this government-funded position during which two individuals held the Regius Chair of Military Surgery: John Thomson (1806–22) and Sir George Ballingall (1822–55). Noting that Thomson has received recent historical treatment from L S Jacyna and M Barfoot, Kaufman devoted nearly two-thirds of this 295-page work to Ballingall.

Prior to discussing the establishment of this Chair, the author carefully distinguishes Edinburgh medical education of the late Enlightenment from the other institutions of the day. Far beyond promoting the high calibre practical bedside teaching for which the Edinburgh experience is renowned, the author has transformed his forays into Edinburgh medical records to provide new statistical insight. The topics he covers include the academic origin of military medical officers, the relative paucity of medical officers who held MD degrees, and the percentage breakdown of the Edinburgh Royal Infirmary's military ward income based upon the interest gained from assets, money generated from the sale of student tickets, direct payment from soldiers and sailors, and the government's financial allocation for the treatment of sick soldiers. The numerical representation of the needs of the sick soldiers and sailors—those on the receiving end of care—provides helpful background information regarding the ways that the two successive holders of the Chair sought to improve the provision of that care.

Renewed hostilities between Britain and France in 1803 prompted Edinburgh's town

council to establish a local military hospital. Soon thereafter, a Chair of Military Surgery was commissioned by the crown to institute what became the first formalized teaching of military medicine and surgery in any British university. The surgical expertise of John Thomson, the first Regius Chair, was hardly beyond reproach. Indeed, Thomson himself claimed that he found “the practice of operative surgery . . . extremely disagreeable” (p. 57). John Bell, Thomson's noted adversary, whom many, as Kaufman comments, believed was more suited surgically for this Chair, was deprived of the position because of his acrimonious wrangling with Professor James Gregory and the managers of the Royal Infirmary. To his credit, Thomson was experienced in the politics of his professional calling, having served as the Royal College of Surgeons' (Edinburgh) Chair of Surgery. He had also gained respect for his exemplary lectures that emphasized the important nature of surgical pathology and further established surgery upon scientific foundations.

Ballingall, one of three short-listed candidates, was commissioned to the Chair shortly after Thomson's resignation. His background, unlike that of his predecessor, included extensive practical experience in military surgery and world travel to tropical disease ridden climates. In the Chair, he developed a wide-ranging lecture syllabus, created a massive museum of military surgery (detailed in Appendix 3), and served on the tribunal that investigated Dr Robert Knox's complicity in the Burke and Hare affair. However, the timing of Ballinger's commission during a prolonged peaceful period following the Peninsular War proved difficult in gleaning support for training designated as military surgery. Upon Ballinger's death, the need for such training had ebbed such that funds that had been used to support this Chair were diverted to more generally perceived medical needs.

Overall, Kaufman's meticulous work deserves a wide readership, including the throngs drawn to anything military history related. Those uninitiated in general military

history might have found it helpful to have a few more snippets, perhaps a timetable, depicting general warfare during 1806–55. Still, this work's focus on the educational and administrative aspects of surgery nicely complements the popular “war porn” accounts that highlight only the gruesome casualties of warfare.

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Jesse F Ballenger, *Self, senility, and Alzheimer's disease in modern America: a history*, Baltimore, Johns Hopkins University Press, 2006, pp. xvii, 236, £28.50, \$43.00 (hardback 0-8018-8276-1).

In this persuasive and interesting monograph, Jesse Ballenger argues that the narratives that describe ageing have reflected the rapidly changing socio-cultural landscapes of the modern United States. Taking fear of senility as his starting point, Ballenger questions the assumption that people have *always* feared dementia or understood mental diminishment in the same way. Drawing upon medical, political, popular and even contemporary academic sources, he then demonstrates generation-by-generation that the interaction between the various understandings of ageing, senility, and Alzheimer's disease have historically been inextricable from contemporaneous incarnations of biomedical knowledge and practice, as well as anxieties about the status of “selfhood”. Thus, this book is a cultural and intellectual history of ageing. It explores, for example, how the meaning of the word senility, which initially and innocuously denoted old age, came to represent in social and scientific discourses, first a lessening of vital energy, then became “a waste-basket term for a variety of discrete” (p. 80) diseases, and achieved finally, partial synonymy with Alzheimer's disease. The result, Ballenger concludes, is that today dementia is “emblematic” of our times (p. 153) and the “stories we tell about Alzheimer's”

have become “the stories we tell about ourselves in a culture characterized by the subversion of narrative, the contingency and instability of language and meaning, and an often fractured, disjointed experience of subjectivity” (p. 172).

This is a powerful, lucid account. It is at times emotionally challenging and disconcerting, but Ballenger handles his documentation carefully, never wallowing too much in the dramatic source material but always offering enough to keep the reader focused on the human element in his argument.

In the spirit of offering a balanced commentary, I have certain qualms about Ballenger's title and analysis. In many respects, the title feels somewhat misleading. The argument and narrative focus mainly on the continental north-eastern United States. Are readers to presume that the Mid-West, the Deep South, the Pacific Northwest, as well as Canada are covered in this account? True, some of the sources Ballenger uses circulated *en masse* throughout “America”, but many of his more provocative statements, for example, “Senility haunts the landscape of the self-made man” (p. 9), would require several careful local analyses before the generalizations could be sustained.

Such observations also raise my second concern about this analysis. The sources on ageing, senility, and Alzheimer's disease are often rhetorical howitzers, which especially weaken the defences of those of us who have experienced dementia first-hand. The claim, after the fashion of Sander Gilman (p. 30), that the salience of these sources for historians may lie in the way they construct a contingent but none the less authentic and historicized picture of “selfhood”, demands a reciprocal question. Namely, to what degree are these sources perhaps *not* reflective of how people in modern America understand their bodies, minds, and “selves”? Much of the evidence used throughout this study—e.g. “more people outlive their brains” (p. 38)—provides us with a depiction of the “self” that is generated in a literature rife with ulterior (or at least incidental) motives. Indeed Ballenger admits as much, yet he continually creates a binary opposition