interrelations between empire, conquest, war and disease that have been explored in some of Gradmann's earlier publications.

In conclusion, therefore, *Disease in the laboratory* uses Koch as a means to investigate several features of the nascent field of medical microbiology. Thus, a reader who wants the details of Koch's life, including an account of his scandalous second marriage will have to look elsewhere, as will the non-German-reading public. What Gradmann does offer, however, is a serious, thoroughly documented account of Koch's major areas of research placed in context. This contextualization consists at the same time in framing the issues in terms of contemporary research in history of science, and placing Koch's science in the context of nineteenth-century laboratory and clinical experimental practice. Thus, while it may not be appropriate for the uninitiated, Gradmann's "biography" offers a fascinating account for those who want a sophisticated intellectual history of Koch informed by recent approaches in the history of science.

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Alexandra Minna Stern, *Eugenic nation: faults and frontiers of better breeding in modern America*, Berkeley and London, University of California Press, 2005, pp. xiv, 347 illus., £38.95, US$60.00 (hardback 0-520-24443-5); £15.95, US$24.95 (paperback 0-520-24444-3).

Alexandra Minna Stern's *Eugenic nation: faults and frontiers of better breeding in modern America* takes on a number of important and previously neglected tasks: the description and analysis of American eugenics away from the Eastern seaboard (principally in California); during and after the Nazi era; and beyond those movements and debates that were self-consciously "eugenic". She seeks to embed historical understandings of this broader and more diffuse eugenic impulse firmly in the mainstream of American culture and politics, and to disperse any remaining fond illusions that eugenics was a fringe movement, or one that disappeared with the revelations of Nazi atrocities committed in the name of race-improvement and racial purity. In *Eugenic nation*'s six chapters, Stern offers an innovative approach to eugenics, broadly defined. Some chapters work better than others. The book's opening chapter, 'Race betterment and tropical medicine in imperial San Francisco' explores the San Francisco Panama–Pacific International Exposition of 1914 as a text integrating eugenics with tropical medicine in the service of American expansionism. It usefully delineates the intersection of scientific definitions of "race" and racial hygiene with public health and germ theory-based notions of public hygiene and sanitation. This well chosen case study allows Stern to argue that San Francisco was an imperial, as well as a western city, and that its medical and eugenic establishments were fundamentally parallel to and modelled upon those of colonial medicine—a fine contribution to the colonial medicine literature as well as to understandings of eugenics *per se*. Chapter 5, examining the relationship between eugenics and the 1950s' apotheosis of rigidly separate male and female familial roles, also works well. It will be a nice addition to courses on gender and sexuality. Here, moreover, Stern's treatment of self-assessment tests as hegemonic technologies usefully extends existing studies of such tools. On the other hand, Stern's second chapter 'Quarantine and eugenics: gate-keeping on the US–Mexican border'—though a substantial addition to the literature on medicine and immigration—is less successful as a discussion of the eugenic motivations of those gate-keepers. Similarly in Chapter 4, Stern's discussion of linkages between the eugenics and environmental movements in California offers fascinating insights into both, and into a common sense of the fragility of "purity"—but it sketches and suggests, rather than explicating the connection. On a purely mechanical level, her extensive use of abbreviations throughout the volume sometimes leaves the reader floundering in an alphabet soup of capital letters, armed only with a cumbersome 'List of abbreviations'.

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Although intellectually a very minor flaw, practically, this is an unnecessary distraction from a complex and important set of cases.

Stern's decision to include a diversity of approaches to "better breeding" (p. 11) within her definition of eugenics contributes much to the book's value as a teaching text. It allows her to tackle a wide range of new case studies and to make connections between topics that have rarely been treated together—if historians have addressed them at all. However, that big-tent definition is also the source of the book's sole significant weakness: by incorporating such multifarious topics under the eugenic banner, Stern's overall argument sometimes loses focus. Her concluding chapter, 'Contesting hereditarianism: reassessing the 1960s', exemplifies both the strengths and weaknesses of her approach. For example, Stern convincingly details what are at least clear intellectual compatibilities between eugenic pronatalism and Freudianism, and equally clear similarities between critiques of each. On the other hand, she offers little conclusive evidence for a stronger or more direct connection; as she herself notes, eugenic pronatalists were only the "unacknowledged accomplice[s]" (p. 193) of Freud, on whom feminists focused their rage.

In this book, Stern is trying to read through and around the silences that have surrounded the pervasiveness and persistence—especially after the Second World War—of American eugenic thinking. Necessarily, therefore, some sections are speculative, and some evidence is suggestive rather than definitive; by no means does this diminish the value of Stern's work. Her cases are provocative and insightful individually, even when their diversity renders them somewhat intractable to straightforward argument.

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George Weisz, *Divide and conquer: a comparative history of medical specialization*, Oxford University Press, 2006, pp. xxx, 359, £29.99 (hardback 0-19-17969-2).

Many studies of the emergence of medical specialties now exist. Commonly these focus on developments in a single country and are restricted to major urban centres. Though few comparative histories analysing national differences in how medical specialization proceeded are available, the need for such a synoptic study has been great, especially as recent trends in social sciences and history have tended towards uncritically assuming the process's ubiquity and similarity in all national contexts. Theoretically the subject has also been rather stagnant. Other than occasional challenges to its determinist language, theories of specialization in medicine have not moved much beyond George Rosen's synoptic treatment of the subject in the 1940s. The understanding and language of specialization used by historians remains similar to the macroscopic narrative style Rosemary Stevens used in her landmark studies in the 1960s and 1970s. *Divide and conquer: a comparative history of medical specialization* addresses and builds upon many of these points. Without exaggeration, it can be said that this rich book is an important landmark and will become a standard reference in historical research and curriculum.

Weisz explores and contrasts the origins and development of specialization in France, Germany, the United States, and Britain over two centuries. Although he acknowledges earlier forms of occupational specialism, Weisz considers medical specialization to be a unique nineteenth- and twentieth-century phenomenon. He argues that the specialization of medicine was part of wider, on-going changes occurring in the early nineteenth century that promoted new disciplinary communities and identities. Building upon work he published in earlier articles, Weisz argues that the unification of surgery and medicine occurred contemporaneously—setting the stage for the creation of sub-divisions (specialties) of medicine. He notes that specialization was useful for institutions and governments to micromanage rationally small groups of physicians and researchers. Weisz additionally asserts that specialization was adopted because restriction of interests to smaller arenas of medicine proved

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