

of torture being used to discipline black children in these programmes. In 1965, their ongoing collaborations led to the creation of a psychiatric ward in Harlem Hospital and an innovative paraprofessional programme that created a pipeline for black mental health practitioners.

Their efforts successfully reduced racial disparities in psychiatric care. But these well-meaning crusaders could not avoid colour-blind liberalism's intrinsic pitfalls. In the courts, their humanitarian efforts garnered resentment from defendants who viewed their interventions as punitive forms of domination. In their psychiatric evaluations, mental health professionals relied heavily on therapeutic standards derived from research conducted on the white middle class. As a result, their evaluations often failed to account for the greater diversity of human psychology present in Harlem and they inadvertently re-encoded derogatory racial stereotypes onto members of Harlem's poor and working classes. Under the guise of class and gender differences, they labelled many of Harlem's women, families and children as 'broken', 'damaged' or 'pathological'. In one programme, developed at Harlem Hospital to treat postpartum psychosis, crusaders appeared to sanction a uniquely troubling form of discrimination. Intended to give impoverished women better control over their reproductive capabilities, this programme provided access to voluntary sterilisations. Although administered by Elizabeth Davis, a black psychiatrist who had long been committed to serving Harlem's mental health needs, it raised the ire of the community's radical activists, many of whom felt it suborned genocide. In these and other humanitarian endeavours, crusaders regularly failed to recognise the complicity of their work in long-standing traditions of discrimination.

*Psychiatry and Racial Liberalism in Harlem* is copiously researched, is nuanced in its historical analysis and offers a well-crafted narrative. Its somewhat pragmatic title may suggest the editorial team underestimated its greater significance. But Doyle's text is an essential contribution to a growing field of research on African Americans, race and the history of medicine. It is critical reading for anyone interested in the historic relationship between psychiatry, mental health disparities, mass incarceration and twentieth-century civil rights activism. It intersects well with the established works of Khalil Muhammad, Jonathan Metzler and Martha Biondi and is a seminal contribution to the emerging sub-field of historical research on black health in Harlem. Doyle's work complements studies by Tanya Hart and Jamie Wilson and is intimately tied with Gabriel Mendes' rich work on the Lafargue Clinic. Doyle also provides a timely contribution to the contemptuous discourse on healthcare reform in the United States, reminding us of the essential link between health and citizenship and the enduring impact of race on the understanding of what it means to be human.

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**Holly Folk**, *The Religion of Chiropractic: Populist Healing from the American Heartland* (Chapel Hill: University of North Carolina Press, 2017), pp. 351, \$34.95, paperback, ISBN: 978-1-4696-3279-7.

Some time ago a chiropractor-anthropologist who presently works as a chiropractor told me that when growing up with her father, a chiropractor, in her Seventh-day Adventist household, the main topics of conversation around the dinner table were religion and

chiropractic. Bearing this thought in mind and as an anthropologist who has visited a few chiropractic schools in the US and the Anglo-European College of Chiropractic in the UK, Holly Folk's *The Religion of Chiropractic* struck a chord with me in a number of ways, both in terms of my personal encounters with the world of chiropractic and when writing about it. First of all, the book, which is very well written and organised, raises an intriguing dimension of particularly American chiropractic that has been touched upon in various books and articles but has never elaborated upon in the way that Folk, a religious studies scholar, does in her account. Even though chiropractic emerged in the American Midwest and, apparently, as Folk acknowledges, drew upon osteopathy, which was an earlier manual medical system developed by Andrew Taylor Still, a disenchanted regular physician, both systems drew upon an idea popular in the late nineteenth century, namely, that the spine is the key to good health. Like other alternative medical systems, including naturopathy, chiropractic drew upon vitalism and populism. D.D. Palmer, the 'Discoverer of Chiropractic', identified Innate Intelligence as the primary source of health and drew upon magnetic healing, touch therapy, spiritualism and American metaphysics in general. He referred to 'Chiropractic Religio' and penned an essay titled 'The Moral and Religious Duty of the Chiropractor'.

His flamboyant and entrepreneurial son, B.J., self-designated himself the 'Developer of Chiropractic', in large part because he turned the Palmer School of Chiropractic (PSC) into an chiropractic empire. This was by no means an uncontested one as numerous rivals within chiropractic, including those who drew upon other alternative medical systems, particularly, for a while, naturopathy, emerged. Thus began the proverbial divide between the 'straights' and the 'mixers' within chiropractic, with variations thereof, including the 'super straights' that continue to function as the most metaphysical of all the chiropractic strains. Indeed, John F.A., a former Mormon missionary and a PSC student, established the National College of Chiropractic in Davenport in 1905, which he later moved to Lombard, Illinois, and this was probably the leading mixer college.

While B.J. occasionally attended a Methodist church, like his father, he distained organised religion and gravitated toward New Thought, describing God as the 'Big Fellow Inside' who transmits benevolent power in a way similar to a radio station. Both D.D. and B.J. relied heavily upon print culture, and B.J. also relied on the radio, to propagate their beliefs about health and spirituality.

Ironically, while neither D.D. nor B.J. were fundamentalist Christians, the alternative medical system they founded and developed emerged in the Bible Belt, and many of their patients apparently were orthodox Christians. Indeed, the Interservice Christian Fellowship at PSC established the Christian Chiropractors Association in 1963, an organisation that continues to thrive, at least, in the US.

In the final chapter, titled 'The world of chiropractic', Folk briefly chronicles the development of chiropractic in Canada and Great Britain and to a lesser degree in Europe, although, for the most part, she does not elaborate upon her contention that chiropractic constitutes a religious system in these other settings. However, she discusses the involvement of some chiropractors in Rosicrucianism, at least, in the US. Conversely, Folk asserts that Rosicrucianism constitutes 'in some ways chiropractic's "alter" – a system that, unlike chiropractic and osteopathy intentionally cultivated the spiritual elements of vitalism' (p. 277).

As an anthropologist who has not only examined chiropractic, as well as osteopathy and naturopathy, in the US but also the UK and Australia, Folk's book poses for me the question of to what extent does a 'religion of chiropractic' exist outside of the US. This is a

topic worthy of further research. Despite its dispersal to many countries, chiropractic is not a monolithic alternative medical system anywhere, including the US. In some instances it has become both biomedicalised and secularised, as I suspect it has in the UK, Europe, Australia, and New Zealand. In contrast to the US and Canada where chiropractic is only taught in private institutions, in Australia it is taught in three public universities. Ultimately, any medical system, whether it is biomedicine or an alternative medical system, is shaped by the larger sociocultural system in which it is embedded. Given that the US is a highly religiously oriented society, as Folk so effectively argues, it should be no surprise that at least there a 'religion of chiropractic' exists.

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**Michael A. Grodin**, ed., *Jewish Medical Resistance in the Holocaust* (Oxford and New York: Berghahn Books, 2014, 2017), pp. 328, £21.00, paperback, ISBN: 978-1-78533-348-4, e-book, eISBN 978-1-78238-418-2.

A healthy baby girl was born one cold day in January 1941 in the Jewish ghetto of Shavli, a town in northern Lithuania. In ordinary circumstances, the birth of a baby would have been welcomed and celebrated by the family and the community, but these were no ordinary times. Shavli was under German occupation. The German Security Police forbade giving birth in the Jewish ghetto, and to disobey the rule meant severe punishment for the entire community and, possibly, death for the family and the physicians assisting at the birth. Newborns were killed by an injection of poison. On this occasion, however, it was decided that the quickest way to do it was to 'drown the baby' as 'injections of potent poisonous drugs powerful enough to kill an adult had not produced quick results with newborns.' Astonishingly, it took the physicians 'a total of six minutes' to carry out the dreadful act, 'twice the amount of time necessary to kill an adult by suffocation' (p. 170).

Dr Aaron Pik, a Lithuanian physician, recounts this harrowing story in his diary from the period he spent in the Shavli ghetto during the Holocaust. He also notes the deep moral and ethical dilemma facing the physicians involved. According to the *halakhah* (Jewish Law), protecting the life of the mother takes precedence over the life of the baby, and it was believed that in such terrible circumstances religious commands should mandate the physicians' reluctance to disregard medical ethics and the Hippocratic oath. But, between 1939 and 1945, medicine held out hopes of survival for Jewish women, men and children, and Jewish physicians in Nazi-occupied Europe were able to restore a sense of order in the life of their communities. Pik's is a remarkable diary and a unique historical source, and one which Miriam Offer uses brilliantly in her chapter dealing with various aspects of Jewish medical practices in the Shavli ghetto. This chapter is one of the twenty included in a volume on Jewish medical resistance in the Holocaust, edited by the renowned scholar of medical ethics, Michael A. Grodin. Grouped into four parts, the chapters are preceded by a Forward, written by the Holocaust survivor and esteemed Rabbi Joseph Polak, a Preface, co-authored by Grodin with Allan Nadler, and the editor's Introduction.

The main focus of the volume is on Jewish medical resistance in the most well-known ghettos in Poland and Lithuania (Warsaw, Lodz, Kovno, Vilna and Shavli) and in the notorious Nazi concentration camps such as Auschwitz, Bergen-Belsen and Terezín. As highlighted throughout the volume, the fear of disease and attempts to contain the spread