of pain-killing drugs. In the 1870s, the debate was primarily philosophical rather than medical. Nevertheless, the discussion drew on technological advances such as chloroform; ideas about a person's comparative worth; the fashion for social Darwinism; and palliative care. Similarly in the early 1900s, Kemp links proposals for euthanasia to the contemporary vogue for eugenics—though he is always cautious about the exact relationship between the two.

One of the strong points of the book is that it fills in the "missing link", and explores discussions of mercy killing in the period 1910–30. Kemp argues convincingly that the First World War strongly influenced views on death. But again euthanasia embraced both mercy killing for the *compos mentis*, and non-mercy killing for the mentally defective. In the 1930s, the Voluntary Euthanasia Legalisation Society was centred on the Midlands city of Leicester, where, as earlier, euthanasia was linked to perceptions about the rising incidence of cancer. Kemp argues that opposition to the 1936 Bill was based on objections to the altruistic dimension and fear of a "slippery slope" type argument. The effects of the Nazi euthanasia programme are seen as critical to the failure of the 1950 Bill, although Kemp is also appropriately cautious about the links between Germany and Britain in this period. At the same time, he provides a important discussion of non-voluntary euthanasia from 1941.

In contrast, the 1950s were a "difficult decade", when progress was hindered by an effective opposition, an ageing membership, the loss of leaders, and by developments in palliative care that seemed to offer an alternative to euthanasia. Ironically, the euthanasia movement recovered in the 1960s, mainly because of more consistent leadership, shortcomings in palliative care, and advances in medical technology. Debates in this period reflected the 1961 Suicide Act, but also drew on the experiences of the thalidomide tragedy and on-going debates about spina bifida. Rather than doing too little, medicine was now seen as doing too much, and there was more focus on the quality rather than the quantity of life (p. 186). Even so, the 1969 Bill was unsuccessful, making euthanasia something of an exception to other liberal legislation of the 1960s.

Kemp summarizes some of these themes in the conclusion—the problematic nature of the term; the link between cancer and euthanasia; and the relationship with eugenics—but also provides an overview of debates from the late 1960s to the present day, looking at religious attitudes, the legal position, and medical practice. What emerges is that, despite occasional prosecutions, hastening the death of the patient has become increasingly common (p. 221).

Overall, this is a thoughtful, fluently written, and convincingly-argued book that combines careful research with a brisk pace. Kemp is particularly good at relating debates about euthanasia to wider intellectual, medical, and technological developments. Throughout, this history of ideas is illuminated by some of the vivid and moving letters written by parents prosecuted for killing their children. The volume is a considerable achievement, and deserves to be widely read.

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Terrie M Romano, *Making medicine scientific: John Burdon Sanderson and the culture of Victorian science*, Baltimore and London, Johns Hopkins University Press, 2002, pp. xi, 225, £29.50 (hardback 0-8018-6897-1).

The big puzzle that this book poses, but never entirely solves, is what was it about John Burdon Sanderson that made the Cambridge physiologist Michael Foster think that he had "maggots in his [Sanderson's] head" (p. 132)? On the surface Sanderson had all the right credentials for Foster to be complimentary rather than unpleasant. For a start he was well-born. He came from a strict Evangelical family that straddled the middle class and the minor gentry and had connections with the aristocracy. He studied medicine in Edinburgh for four years between 1847 and 1851 where he was fortunate enough to be instructed by John Hughes Bennett and

John Goodsir, and developed an early love of the microscope and of botany. With an MD after his name, Sanderson did what any earnest, ambitious young doctor would do: he went to Paris. He studied organic chemistry and visited the hospitals. He sat at Claude Bernard's feet, experimented under his direction, and found him "the most profound scientific thinker, and the most remarkable experimental physiologist" (p. 26). Sanderson slowly shed his Evangelicism for the religion of science. In 1852 he moved to London. Here he married Ghetal Herschell who was to prove an exemplary Victorian wife, virtually living for her husband's work (they had no children). In 1855 Sanderson landed the post of Medical Officer of Health for Paddington. After this he developed a friendship with John Simon, not a man lightly to tolerate fools or those with maggots in their heads. Under Simon's patronage, Sanderson received some plum commissions, notably the report on the cattle plague of 1865–66. In his spare time he did research, principally, says Romano, on "the mechanical and chemical processes of respiration" (p. 49). Sanderson was also developing at this time his obsession with experimental instruments (clearly he was not made in the Bernard mould). In the mid-1860s he discovered the newly invented sphygmograph and spent hours "sphygmographing" (p. 81). Always a man to advance on many fronts, Sanderson also worked on the nature of contagion, inflammation and on the Venus's-flytrap. In 1870 he was appointed professor of practical physiology and histology at University College London, and in 1882 he was elected first Waynflete Professor of Physiology at Oxford. Compared with the illustrious Cambridge school of physiology, the Oxford school (if such there was), Romano admits, was frankly a failure. Opposition from the anti-vivisectionists and lack of support for a science-based curriculum were the root faults. Maggots in the head surely had something to do with it though.

Romano's argument in this book is both historical and historiographical and Sanderson is a good figure to help her make it. There has been a great deal of literature on experimental physiology in recent years, to the point that it raises the question of whether that literature misrepresents physiology as being seen by Victorian doctors as the premier science of medicine. Romano's argument, if Sanderson is anything to go by, is that it does. There was not one science for medicine, she argues, but many. Sanderson turned to comparative anatomy, pathology, chemistry, clinical observation and physics, just as much as he did to physiology, to solve medical problems. And that last point is where the maggots come in. In modern terms Sanderson was much more like a clinical scientist than a "pure" physiologist. He took difficult clinical problems and tried to solve them using a variety of methods including laboratory experiments. Foster's physiology was "easy" by comparison.

There is a lot of research in this most welcome volume. Occasionally it is a bit idealistic. With a number of judgements I would not concur. Simon, for example, is said to have views of science based on "descriptive, cataloguing methods" (p. 161). But this is completely to ignore his commitment to transcendentalism. None the less, the book contributes to our growing sense of the hugely diverse texture of the meanings of science in Victorian Britain.

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Andrew Berry (ed.), *Infinite tropics: an Alfred Russel Wallace anthology*, London and New York, Verso, 2002, pp. xvii, 430, £19.00, US$27.00 (hardback 1-85984-652-1).

Andrew Berry's fine selection from the Alfred Russel Wallace corpus is to be highly recommended. Berry includes excerpts from each of Wallace's most significant and original scientific contributions. But he also provides an appropriately panoramic view of the intellectual output of one of the nineteenth-century's most opinionated men. Thus Wallace's ideas on evolution and anthropology receive plenty of attention, but not