

Book Reviews

look more deeply into the impact of SCA on those who suffered from it and on the group most identified with SCA—African Americans. Putting a human face on the history of SCA means, for the author, focusing on one locale. He chose Memphis because of its richness of sources, its large African-American population, its record as a city of medicine in the twentieth-century, and its connection to SCA through patients, hospitals, and a nationally recognized white medical scientist, Lemuel Diggs, whose life and long career in SCA research spanned much of the century.

Dying in the city of the blues is not narrative history, though it is roughly chronological. The book works its way through the twentieth century from SCA's discovery (to Western medicine) in Chicago in the first decade, through the development of tests for the disease, to Linus Pauling's mid-century announcement of SCA as a molecular disease, to the recent attempts to find a cure and a treatment for the pain associated with SCA. During this time SCA was transformed from an invisible disorder with little public recognition in the white or black communities to a commodified condition that served as a vehicle to obtain funding for academic medical centres, and a politicized disease that became the centre of controversy over genetic screening and black fears of genocide. Wailoo interweaves descriptions of SCA's medical milestones with descriptions and analyses of politics, race issues, economics, medical history, and society.

Sometimes the book tries to do too much and the text wanders, losing the thread of a discussion point, as, for example, when offering details about local Memphis politics. Paradoxically, Wailoo presents his information so dispassionately that even the local story in Memphis at times loses its human face. The author distances himself perhaps too much from the subject in trying to work together the many layers. Also, Memphis is not a perfect fit for telling the entire story of SCA as he wants to tell it.

He must fill in gaps that did not occur in Memphis, again occasionally losing the thread of the local history narrative. Still, *Dying* makes an important contribution to American social and medical history. When one finishes the book and reflects back on its contents one realizes just how rich Wailoo's approach to his subject is, how much he has covered, how skillfully he has informed, and how nicely he has used the story of SCA to tell the stories of race, politics, and health in twentieth-century American society.

Todd Savitt,
East Carolina University

John Harley Warner and Janet A Tighe (eds), *Major problems in the history of American medicine and public health: documents and essays*, Major Problems in American History Series, Boston and New York, Houghton Mifflin, 2001, pp. xix, 538, \$34.00 (paperback 0-395-95435-5).

Recently, the American Association for the History of Medicine's committee on Education and Outreach began to re-examine strategies to increase the visibility of medical history in the undergraduate curriculum. Houghton Mifflin, with the release of *Major problems in the history of American medicine and public health*, has delivered a truly outstanding product that will greatly aid in meeting the Association's goal. John Harley Warner and Janet A Tighe, editors of this book, have culled a series of choice readings from the annals of United States history, drawing upon myriad aspects of both continuity and change within health care and its delivery. The editors have also led readers, by including lucid and lively essays, toward a better understanding of the range of historiographical approaches used to interpret primary documents.

Book Reviews

The book's twelve chapters cover a period from colonial America to the end of the twentieth-century. The editors' introductory paragraphs helpfully identify the problems to be discussed and place the readings in a broader context. Each chapter contains five to eight primary source documents, two or three essays written by leading historians of American medicine, and an extensive, up-to-date list of recommended readings. Chapters chronologically cover themes including the 'Medical marketplace', the 'Healer's identity', the 'Medicalization of everyday life', and the 'Technological imperative'. The primary source documents represent an amazing variety of viewpoints that Americans have taken regarding disease, illness, healing, and health care. Providing these diverse viewpoints alone would have been of considerable value to readers in courses ranging from undergraduate to health care professional levels. By adding scintillating examples of recent historical scholarship, often in abridged form, the book becomes an even more useful resource as it exemplifies the historians' craft and provides an excellent springboard from which to provoke class discussion.

Warner and Tighe, both widely respected for their critical and detailed historical scholarship, have forged a path that hitherto has been much neglected. As textbooks typically receive little recognition by academics relative to that given research monographs, Warner and Tighe are to be commended for having combined their talents as scholars and successful classroom teachers in demonstrating that the best of both teaching and scholarship can go hand in hand. Acknowledging the wisdom drawn from a wide audience of experienced teachers, the editors have produced what might be called a collective contemporary voice of medical history teaching in the United States.

Every critical reader will, of course, find an area or two that could have been treated in a slightly different manner. To help

expand the geographical focus, for example, the editors could have included a discussion of leprosy amongst the Hawaiians.

Although many diseases are represented, documents or essays focusing on the threats that cholera and childbed fever presented to nineteenth-century American culture are conspicuously absent. Given the recent United States interest in complementary and alternative medicine, sections of the book devoted to healers would have been both more timely and complete by briefly exploring the enduring medical beliefs and practices introduced by Mary Baker Eddy, Andrew Taylor Still, and Daniel David Palmer. Problems surrounding the multiple attempts to introduce elements of Traditional Chinese Medicine into American medical practice would also have contributed nicely to classroom discussion. Similarly, including a brief introduction to the allied health professions and medical ethics would have guided readers toward a better appreciation of the recently expanded team-oriented approach to health care delivery. Although these issues are covered in other publications, given that many teachers and students may gain their first glimpse into America's medical heritage through this work, why not try to capture a few more of the momentous and pioneering events of US medicine? Such inclusion could easily be accomplished without tilting the balance toward the "Great Doctors".

Historians, particularly medical historians, have faced ridicule over failing to recognize the usefulness of illustrations as primary sources. Warner and Tighe have met this challenge. Still, the book would have proved an even more complete source had a representative illustration been included in every primary documents section. A brief index would also have helped readers compare and contrast the ways in which similarly named disorders were discussed and treated in different time periods.

Minor criticisms aside, Warner and Tighe have introduced a sourcebook that can,

Book Reviews

more than any other work available, better inform future students (and future medical historians) about the continuity and changes in the ways in which health and disease have been perceived throughout United States history. This book will serve as an exemplary model for complementary publications that could focus upon different temporal and geographical regions.

Philip K Wilson,
Penn State College of Medicine

Patricia L Garside and Bruce Jackson,
Model guide to Lancashire mental hospital records, University of Salford, 2001, pp. vi, 87, illus., £5.00 (+ £2.50 p&p). Distributed by: European Studies Research Institute, Telford Building, University of Salford, Salford, Greater Manchester M5 4WT, UK.

In a sense it is surprising that a guide of this kind has not appeared before, given the interest in the history of insanity over the last two decades. But then, as this book itself points out, collaboration between academic researchers and archivists is not a common occurrence. The *Model guide* appeared as a result of one such project between the University of Salford and Lancashire Record Office, supported by the Arts and Humanities Research Board, and the authors are to be congratulated on producing such a useful work in a period of only four months.

Mental hospital records pose particular problems for hard pressed record offices: recent closures have meant that many records have needed saving within a relatively short period of time, yet they are bulky and there are issues of confidentiality of patient records that affect access. Administrative changes to the asylums, the fact that records of any one institution may be split between one or more offices, and the lack of standardization in the way the records themselves are described

(terminology being an additional problem), all add to the difficulties faced by custodians and researchers. Their wide potential research value is underestimated and they are not consulted as frequently as they deserve.

An introductory chapter clarifies these issues, making the point that it is possible, though not easy, for *bona fide* scholars to gain access to patient records less than 100 years old. There is an excellent summary of the legislation affecting key records from 1750 to 1939. Brief histories of twelve Lancashire mental hospitals are given, and a short practical section on how to go about consulting them. Especially useful is the main section, presenting a detailed review and assessment of the records. This goes into detail about the content of different series of records (minutes, reports, journals, financial records, registers, staff records, letter books, etc.) with examples and illustrations from the Lancashire Record Office holdings. A spreadsheet of all the surviving mental hospital record series allows their gaps and strengths to be seen at a glance. Contacts and a brief bibliography of relevant local and general works complete the *Model guide*.

It would be interesting to have a comparative study of a similar number of mental hospitals from another county to compare the survival rate of these records. At present the only other way of doing this is to look at the Wellcome Library/Public Record Office jointly run Hospital Records Database on their websites, although this would not give the same detailed breakdown of information. Hopefully future cataloguing of asylum records will make such analyses possible and encourage archivists to try harder to preserve certain series where there are particular lacunae. The authors request feedback and want to encourage a greater research use to be made of these records. It would be an achievement if they were able to bring out a proposal, as suggested, which would devolve responsibility for giving access to