

## Book Reviews

indoor relief only. Outdoor relief was eventually permitted under stringent conditions from late 1847, but the costs were much resented by ratepayers.

Readers of this journal will be particularly interested in Ó Gráda's analysis of Sir William Wilde's 'Table of deaths', published in the 1851 census. This table holds no surprises for nutritionists familiar with the epidemiology of famine-induced diseases, but it offers interesting parallels to (and some differences from) disease patterns in third-world countries. Ó Gráda ponders the role of medicine in countering disease. The verdict is not comforting. It failed, flawed by the lack of understanding of how infections were transmitted and overwhelmed by the lack of basic hygiene. There are many good things in this chapter, notably the discussion of the age and sex differences in mortality; women survived better than men, a feature paralleled in third-world countries today.

Many writers have been appalled that food continued to be exported during the famine. Ó Gráda points out that farmers and merchants owned the corn and if it had been compulsorily retained in the country the famished population would have been unable to afford it. Ireland in fact became a net importer of grain during the famine, but imports were a drop in the ocean compared with the loss of the potatoes.

Ó Gráda's interests are economic and demographic, and nationalist historians will not be happy with his explanations of (not justification for) the often callous behaviour of government, landlords, farmers and merchants. But none will write a better book.

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**E M Tansey, D A Christie, L A Reynolds**  
(eds), *Wellcome witnesses to twentieth century medicine, vol. 2. Making the human*

*body transparent: the impact of nuclear magnetic resonance and magnetic resonance imaging. Research in general practice. Drugs in psychiatric practice. The MRC Common Cold Unit, Wellcome Institute Occasional Publication No. 6, London, The Wellcome Trust, 1998, pp. vi, 282, £12.50, \$21.00 (paperback 1-869835-39-5). Orders to: Tracy Tillotson, Wellcome Library, 183 Euston Road, London NW1 2BE.*

The History of Twentieth Century Medicine Group's witness seminars are creating an extremely valuable set of historical sources about a mid-twentieth-century era which, though near in time, appears surprisingly distant, not just in relation to the strikingly different power of late twentieth-century medical science, but in relation to the much greater complexities of enabling, regulatory, or funding structures within which medicine now operates. In addition, the brief biographies and publications cited in footnotes are a useful reference tool. There are certain weaknesses in this evidence. There is a strong in-built bias against the testimony of users or patients in favour of that by doctors and scientists. Again, although there has been a good attempt to research and contact key players, those present are usually either the prominent and well-known, and/or those eager to write themselves into the historical record. One tongue-in-cheek participant declared, "My excuse for coming is the desire not to drop too quickly into obscurity in medical history" (p. 150).

The witness seminar takes the form of a number of set contributions from those participants who have been given a brief to talk about their central contribution, interspersed with modifying or extending comments from others. The composition of the witnesses makes for varied forms of discussion. The more disparate contributors to a conversation on the use of psychiatric drugs provided a series of often disjointed commentaries but this cumulatively gave

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unexpected insights. In contrast, in the first and final seminars the witnesses were small groups of participants who had worked closely together, and produced more cohesive, but predictable analyses.

The first transcript of the volume is on 'Making the human body transparent: the impact of nuclear magnetic resonance imaging'. This is a fascinating—at times technically obfuscating—account of the difficulties of developing, evaluating and implementing complex medical technology in an era when other options seemed to offer more promising ways forward than MRI.

The second seminar focused on the structural and personal reasons for engaging in research in general practice. These confirmed a well-known picture in that research was largely organized by personal curiosity about epidemiological subjects. It remained the concern of an enthusiastic minority because of the inadequate time available after clinical practice; the lack of research training for general practitioners; and the under-funding of later departments of general practice which therefore curtailed their research capacity.

In the third seminar on the use of psychiatric drugs there were perceptive analyses of the serendipitous discovery of the miracle-working drugs of the late 1940s and 1950s in an era before the conventional clinical trial; their use on patients without the constraints of later regulatory machinery; and the dramatic transformation of the asylum. In addition, it was interesting to learn about an earlier Calvinistic reluctance by pharmaceutical companies to develop certain drugs for sexual dysfunction, despite good evidence of their effectiveness.

The final witness seminar on the MRC Common Cold Unit revealed that good science in those halcyon early days of the MRC was a matter of trusting gifted individuals to get on with their research. It also revealed the difference between formal structures and actual practice. The seminar

was helpful, like all enlightening historical meetings, in distinguishing myth from fact, and doing so in unexpected ways. The "myth" that some impecunious people had a cheap honeymoon at the Unit was exposed as fact, whilst the common perception that it was a unit researching the common cold was revealed as a gross oversimplification of its much more varied work in virology.

Given the variety of subject matter in a volume such as this one, where few readers are likely to be equally interested in such disparate themes, a recent decision to publish single witness seminars is to be welcomed.

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**Anthony Brinton Wolbarst,** *Looking within: How X-ray, CT, MRI, ultrasound and other medical images are created and how they help physicians save lives*, Berkeley and London, University of California Press, 1999, pp. xiii, 206, illus., \$50.00 (hardback 0-520-21181-2), \$19.95 (paperback 0-520-21182-0).

One of the challenges facing medical historians is not to make technical mistakes in the content of the medicine on which they write. I know that I have inadvertently, when speaking, increased by a factor of ten the frequency of the waves emitted by the earliest ultrasound machines (merely a displaced decimal point but a major error) and located a radium bomb in an X-ray machine (an aberration and an embarrassment). Apologies to all who heard me. I also remember listening, with ever-mounting disquiet, as a very distinguished historian based an hour-long discourse upon what amounted to a serious misconception regarding procedures of paediatric care. Clinicians in the audience corrected him very politely but the loss of credibility was