

of these is 'Public-private interactions', with chapters by Margaret Pelling (on the College of Physicians in early modern London); Pamela Gilbert (on public medicine in private spaces); and Andrew Morrice (on medical secrecy in early-twentieth-century Britain). Next comes a section on 'Voluntary institutions and the public sphere' with contributions by Adrian Wilson (on the Birmingham General Hospital in the late eighteenth century); Elaine Thomson (on medical women and moral hygiene at the Edinburgh Hospital for Women and Children); Martin Gorsky, Martin Powell and John Mohan (on voluntary hospitals prior to the NHS); and David Cantor (on medicine, charity and emotion in twentieth-century Britain). Finally, we have a group of six chapters under the general heading 'The state and the public sphere', consisting of essays by Deborah Brunton (on responses to public health in the Scottish city); Christopher Hamlin (on the concept of "nuisances"); Logie Barrow (on stational vaccination in nineteenth-century England and Wales); Bill Luckin (on public health in nineteenth-century London); Sturdy (on official policy on personal health care in the Edwardian era); and, finally, Naomi Pfeffer (on the regulation of abortion in the twentieth century). As will be evident simply from this listing, here we have a wide range of essays covering a wide range of topics and spanning a relatively wide chronological period, an indication that this is—like many edited volumes and especially those deriving from conferences—a work to be dipped into rather than necessarily read from cover to cover.

None the less, there is a common underlying theme to all these pieces to which the contributors, usually successfully, manage to adhere, or at least acknowledge. This underlying theme, clearly laid out in Sturdy's authoritative and intellectually wide-ranging introduction, is an engagement with the concept of the "public sphere" as articulated by, in the first instance, Jürgen Habermas. As Sturdy points out, in an era of the transfer of formerly public services into private hands, of state surveillance, and of global corporate power, questions about "the structure and function of the public sphere have never been more pressing" (p. 1). However,

and again as Sturdy rightly points out, while historians in general have addressed this challenge "[r]emarkably little has been contributed to this endeavour by historians of medicine" (p. 1). Clearly, then, this is an historiographical omission that the volume and its authors seek to begin to correct. In addition, at least as far as Sturdy is concerned, the ideas of Habermas are not to be taken uncritically, and he emphasizes that the essays consciously move beyond the role of discourse in shaping the public sphere to focus on the role of institutions and institutional behaviour—a strategy which is evident even in the brief listing of the subject-matter of the chapters given above.

How successful is this? Although there are always reservations to be made about the coherence of edited volumes, the answer here has to be that both editor and contributors have engaged thoughtfully and fruitfully with (and this is a shorthand an "institutional" approach to the shaping of the "public sphere". Indeed, one of the most stimulating aspects of this volume is how the authors have in many cases employed familiar material and given it a new slant whether it be voluntary hospitals, the Royal College of Physicians, or London's nineteenth-century pollution problems. Indeed it is not often that a reviewer can recommend a work of this type with few reservations, but *Medicine, health and the public sphere* is a work that does genuinely set an agenda and that should become a reference point for future scholarship. It is also a work which reminds us, as Sturdy passionately suggests, that historical study should underpin our understanding of the present and of future policy options; and of the need for engagement with issues which shape our collective and individual lives, and not least in the sphere of medicine and health care provision.

**John Stewart,**  
Oxford Brookes University

**Waltraud Ernst** (ed.), *Plural medicine, tradition and modernity, 1800–2000*, Routledge Studies in the Social History of Medicine,

## Book Reviews

London and New York, Routledge, 2002, pp. xiii, 253, £60.00 (hardback 0-415-23122-1)

This volume, the thirteenth in the Routledge series, sits uneasily alongside its predecessors. Just seven of the thirteen chapters fall within the compass of medical history, with the remainder devoted to the assessment of present-day issues, and only nine of the sixteen authors are described as historians.

The collection opens with a case study by James Bradley of the interactions between hydropathy and orthodoxy in early Victorian Britain. This detailed examination of “medicine on the margins” concludes that nineteenth-century orthodoxy needs to be redefined, perhaps as legitimate or scientific medicine. David Arnold and Sumit Sarkar’s chapter on homoeopathy in nineteenth-century Bengal provides a richly textured account of how this was adapted and adopted in north-east India, and how it helped bridge the gap between western and indigenous systems. It rectifies what the authors describe as a surprising lack of discussion on this topic in relation to colonial India. Claudia Liebeskind focuses upon the relationship between Unani medicine, founded by Ibn Sina (980–1037) who integrated Greek humoral medicine into an Islamic framework, and biomedicine. Rooted in a textual study of three hakims (practitioners of Unani medicine) who flourished in the first half of the twentieth century, it examines the power struggle over what constituted science and knowledge.

Walter Bruckhausen and Volker Roelcke describe the German discourse on East African healing practices from the partition of Africa among the European nations in 1885 until the First World War, when Germany lost control of its colonial protectorates in Tanzania, Rwanda and Burundi. They detail the debates about the status of traditional healers, the perceived clash between science and superstition, and the links between African and “folk” medicine. Anne Digby and Helen Sweet’s assessment of the relationship between western and traditional medicine in twentieth-century South Africa is anchored in a study of African nurses trained in

missionary hospitals and tests the thesis that nurses are brokers of cultural change. One curious omission is the failure to date the opening of the pioneering Victoria Hospital at Lovedale, founded in 1898, closed during the Boer War, and reopened in 1902. (Nor does the paper note the reaction of a Department of Internal Affairs official to the proposal: “I do not approve of hospitals for Kaffirs”.) The last of the African papers, by Ria Reis, reports on the complex relationship between biomedicine and traditional healing in present-day Swaziland. It evaluates the concept of hybridization, through the treatment of epilepsy. The paper is derived from interviews conducted in 1987–8 with 164 patients or carers, together with a study of one healer’s changing approach between 1988 and 1998.

The remaining six papers demonstrate little awareness of historical methodology. Volker Scheid’s study of plurality, tradition and modernity in contemporary Chinese medicine is concerned with the problematic nature of discourses of tradition and modernity. He states that modernization accelerated after the creation of Nationalist China in 1949 but the basis of his paper is an account of the current practice of Professor Rong, described as a leading physician, author and educator, with whom he studied in 1994. Patricia Laing’s reflections on constructions of Maori healing are based on her own experiences and strategies in coping with breast cancer. Her attempts at historical contextualization are unconvincing, and her comments on the Tohunga Suppression Act 1907 ignore the wider issue of “quackery” in New Zealand medicine at that time. Kate Reed’s chapter on British South Asian mothers and medical pluralism explores the influence of globalization on health beliefs. Her discussion of health discourse, the transcultural flow between Britain and India, and the respondents’ use of health products within India is drawn from interviews with just thirty south Asian women living in diverse parts of Leicester. Maarten Bode’s paper on Indian indigenous pharmaceuticals examines how “over-the-counter Ayurvedic and Unani pharmaceuticals are currently projected to the industry”, focusing on three of the largest companies. Like Reed’s,

his paper examines the contemporary scene, with no historical framework.

The book concludes with two papers on “quackery” and the internet. Michael Hardy’s study of consumerism surveys ten British households, 132 health-related web pages and ten health chat rooms monitored for six hours; there is no attempt to draw parallels with earlier medical advertising. Ned Vankevitch reports on a contemporary campaign conducted by a retired American psychiatrist and “self-described online ‘quack-buster’”. Although the author draws parallels with the 1910 Flexner Report—which evaluated standards of medical education rather than unorthodox medicine—he makes no attempt to indicate how, if at all, things evolved during the intervening ninety years.

The editor’s introduction states that “pluralism” features prominently in current writing on the history and development of medicine and is especially relevant in a “post-modern”, “post-colonial” world. She is critical of the fact that medical historians have been slow to avail themselves of the conceptual and empirical insights of anthropological scholarship, and “inter-disciplinarity”. Many of the contributions to this volume, however, suggest that these other disciplines, if they wish to contribute to historical debate, have some way to go to match the range of evidence and rigorous evaluation practised by historians.

**Derek A Dow,**  
University of Auckland

**Thomas Schlich,** *Surgery, science and industry: a revolution in fracture care, 1950s–1990s*, Basingstoke, Palgrave Macmillan, 2002, pp. xi, 349, illus., £45.00 (hardback 0-333-99305-5).

I truly enjoyed this book. It is one of the very few sound historical (as opposed to sociological) studies of post-Second World War medicine that we have. Schlich has brought together all that should be admirable in a good work of history: new material, a fascinating narrative and an informed historiographical approach. During the

twentieth century, traumatology was created as a medical speciality as fractures were perceived (by way of insurance companies) as a distinct category of accidents. For the most part, broken bones were treated conservatively. That is, if the skin was intact, a wounded limb was manipulated and immobilized in plaster of Paris for weeks. A broken femur had the patient in bed and in traction for what must have seemed, to the sufferer, for ever. The huge disadvantages of this regime, setting aside the economics, were wasting of the limb and all the possible dangers, notably deep vein thrombosis, of being supine for a long period. A few brave, or foolhardy, surgeons, such as Arbuthnot Lane, practised open reduction. They operated, exposed the bone and used plates, screws and nails to achieve union. In the hands of the skilful great success was achieved but when less adept practitioners copied these techniques the failure, usually meaning wound infection, was there for all to see. The point here is that pre-war fracture management was analogous to the workshop model of industry. Surgeons had their individual approaches, each turning out his (almost invariably a man) own product using his own methods. Schlich’s study is a history of Fordism in surgery, the creation of a standard model with interchangeable parts in use everywhere.

In November 1958, thirteen relatively young surgeons in Switzerland met in Bienne and founded an association to promote the systematic treatment of fractures. The group was called AO, shorthand for its full title *Arbeitsgemeinschaft für Osteosynthesefragen*—the Association for the Study of Osteosynthesis. Osteosynthesis treatment was based on open (operative) reduction and aimed at restoring the original anatomical shape of the bone by using implants, almost immediate post-operative exercise and healing without callus, the lumpy bony scar regarded as essential in conservative treatment. Schlich’s story is a classic account of how an innovation can be made to travel if control is kept at the centre. Standardization was the key to the Swiss surgeons’ success in promoting a method of fracture management that was ultimately to become universal. Schlich’s tale is about how the surgeons had uniform instruments