

archival research as well as bringing together much secondary literature, presenting a well-informed, readable and sensible overview of an emerging sector of institutionalized care for the insane. Where William Parry-Jones's influential *Trade in lunacy* (London, 1972) focused on private madhouses, and where most scholars of the nineteenth century have concentrated on the public asylums of the Victorian age, Smith's main interest is in celebrating the subscription or voluntary hospitals of George III's reign, either those specifically for the insane or adjuncts of generalist institutions that catered for sufferers from mental disorder. He argues that they mark "a critical development not only in actual material provision, but also in philosophy, attitudes, and policy" (p. 2). While notably Georgian, these philanthropic beacons manifested the benign union of economic individualism and social corporatism that marked English society since the Middle Ages. Starting with St Luke's in 1751, Smith charts a period of changing ideas about madness and about society that led to a transition from mainly private, extra-mural care to the public asylums, which began to open up after 1808 and mushroomed after 1845. Keenly aware of the financial realities behind the aspiration of provision, he points out that private and public intermingled throughout his period (especially outside London) and that the model created by voluntary provision was carried into the era of county asylums. The book takes a traditional approach to the history of medicine in the manner of Anne Borsay or Anne Digby, presenting large amounts of information about the management, staffing and workings of institutions, with patients more ("proper") objects of concern and care (i.e. problems) and only secondarily subjects of interest in their own right (ch. 5). Chapter 4 is titled 'The physician's domain' (including his social world) and well-known medical men like William Battie, James Currie, John Ferriar, Alexander Hunter and Samuel Tuke figure prominently throughout the analysis. Smith engages with traditional debates too, such as the nature, prevalence and rationales for mechanical restraint and the development of moral therapy and moral

management; were asylums designed to cure or contain? In many regards, the findings reinforce the emerging picture of nineteenth-century asylums: for example, patients tended to be poorer people from a local catchment area who were a danger to themselves or the community. Good on legislation and the political context, Smith touches on legal aspects (e.g., pp. 111–14) but those who want a fuller discussion of this central component of our understanding of care for the mentally disabled will have to look at Peter Bartlett's or David Wright's work.

Evidence-driven rather than theoretical, the book might have been punchier for confronting more directly the politically charged frameworks of Michel Foucault or Andrew Scull. We already know quite a bit about York asylum, but one of the book's many strengths is that it ranges over the whole voluntary "sector" from Newcastle to Exeter, pointing out similarities and contrasts: for example, lunatic hospitals were sometimes closely integrated with their parent institutions (Manchester or Liverpool) but were sometimes quite separate (York). Yet it would not have hurt to offer more extensive comparisons with Scotland, important not only because its Georgian universities trained most of the physicians practising in England but also because its modern historians (e.g. Andrews, Lobban, Rice and Walsh) have produced some excellent work on early-nineteenth-century voluntary asylums. The different social and political environment there should throw up some interesting parallels and differences that would help to fine-tune analysis of the reasons for both variations and change in voluntary provision within England.

**Robert A Houston,**  
University of St Andrews

**W F Bynum and Helen Bynum** (eds),  
*Dictionary of medical biography*, 5 vols,  
Westport, CT, and London, Greenwood Press,  
2007, total pp. 1667, illus., £425.00, \$749.95  
(hardback set 0-313-32877-3).

This is an impressive addition to the existing number of dictionaries of medical or scientific

biography which, given the potential of the subject, is still surprisingly limited in scope. This dictionary is particularly to be welcomed for its inclusive coverage across medical systems, time periods and cultures.

The first third of volume one sets the tone for this cross-cultural collection with six fascinating introductory essays, each with a helpful bibliography: 'The Western Medical Tradition' (Stephen Lock); 'The Islamic Medical Tradition' (Nikolaj Serikoff); 'Medicine in China' (Vivienne Lo); 'Medical Traditions in South Asia' (Guy Attewell); 'Medical Traditions in Southeast Asia: from Syncretism to Pluralism' (Laurence Monnais); and 'Medicine, State and Society in Japan, 500–2000' (Akihito Suzuki.) Using anthropology as well as history, several of these are particularly valuable in looking at the interconnections between medical traditions, at their crossovers and exchanges, and often at a dynamic mix of the modern and the traditional that might aid a revitalization of the latter. References to the contextual influence of the market, of political change, or of culture make for stimulating analyses, whilst significant perspectives are provided on long-term developments. With such riches it is perhaps churlish to regret what is not there, but a second edition could usefully provide similar introductions to medicine in Africa, and in the Americas as well.

The component entries of the dictionary are concise, interesting and have sources listed at the end. The scope of the collection is suggested by the first entry being for Maude Elizabeth Abbott (one of the first modern medical women in Canada) and the last for Ibn Zuhr (a medieval practitioner, with a practice in Seville). In between there are another 1,138 entries covering many familiar practitioners, and numerous ones with whom it should prove interesting to make a first acquaintance. Inevitably, there are other practitioners one would have liked to see included as well, but at one and a quarter million words it must be acknowledged that this collection is already very extensive. And, in locating individuals, the reader should find the three appendices valuable, as they categorize

individuals by country, by fields of activity, and by birth/death dates.

The principal editors have been meticulous in their compilation of what has been a massive scholarly enterprise. They have been fortunate in their team of twenty area editors who were key agents in selecting entries for each region. This five volume dictionary is a handsome production in which a particular delight is the range of illustrations (many of them little-known) that have been sourced by Carole Reeves from the Wellcome collections, and which provide apposite and relevant adjuncts to the text.

Complementing the *Dictionary of scientific biography*, this *Dictionary of medical biography* should prove to be an essential reference tool in the social history of medicine, as well as an aid for absorbing browsing.

Anne Digby,  
Oxford Brookes University

**Tim Jeal**, *Stanley: the impossible life of Africa's greatest explorer*, London, Faber and Faber, 2007, pp. xix, 570, illus., £25.00 (hardback 978-0-571-22102-8).

Two themes leap out of this book: exploration and possession. That this is a study of exploration and discovery is obviously a trivially correct description of Tim Jeal's account of the life and expeditions to Africa of Henry Morton Stanley. The more important exploration here, however, is the one Jeal has made of the massive collection of Stanley's papers at the Musée Royal de l'Afrique Centrale in Brussels, until recently barred from public scrutiny. In that unknown continent of letters, notebooks, diaries and autobiographical jottings, Jeal has discovered and attempted to recover a new Stanley; not the brutal, racist pioneer of colonialism, as he was and is sometimes branded, but a much misconstrued and wrongly maligned apostle of free commerce, abolitionism and human—black and white—equality. It must be said that Stanley was his own best ally and worst enemy in securing his dark reputation, but Jeal adopts psychological biography to