

## Book Reviews

of science really about “losers” and “winners”, about “credit for having rightly intuited the future”? Is it not more about ideas, their generation and procreation? And the intuitions with which historians are properly concerned are not about the future but about the ever-present regularities of nature. Fortunately several authors (notably Brooke, Lundgren, Rocke and Schütt) deal effectively with this very question.

We no longer have heroes in our subject. But we do have interrogators of the natural world, experimenters of consummate skill, creators of powerful theories that open up new and unexpected vistas in science, and authors whose magisterial writings may be their most lasting legacy. Every one of these was J. J. Berzelius. To any who would know more about the shaping of modern chemical science, about one of its great promoters and especially about early organic chemistry, the book is warmly recommended.

Colin A. Russell, The Open University

EUGENE PERRY LINK, *The social ideas of American physicians (1776–1976): studies of the humanitarian tradition in medicine*, Selinsgrove, Susquehanna University Press, and London and Toronto, Associated University Presses, 1993, pp. 317, illus., £40.00 (0-945636-34-2).

Professor Link has written a traditional hagiographic account of American physicians—with a twist. Instead of describing forebears in order to illustrate scientific prowess or therapeutic distinction, he selects past exemplars defined by their social activism. This is a book about heroes and villains, with the repeated warning that physicians who are not “interactionist” in their social relations risk sliding down the slimy slope of Nazi physician atrocities.

At the outset, Link describes five roles that physicians can assume in regard to broader community issues: (1) iatrocenrics who focus only on medicine and are little involved with social change; (2) sanitationists who find order in maintaining cleanliness supported by government aid but fear regulation of the profession; (3) public health advocates who feel social criticism is necessary because sanitation is not sufficient; (4) social activists who keep professional and social concerns in separate compartments in their lives; and (5) those physicians who treat citizenship duties as an integral part of medical practice. Category one is heaped with opprobrium whenever mentioned; category five is presented as the ideal behaviour for a physician. Link feels that the doctor who is not socially active will fall into traps of mislabelling his/her patients as “other” and become a practitioner of biased approach. This is the foundation of his appeal, yet he offers little contemporary or historic evidence that “iatrocentric” doctors treat their patients poorly. He does vilify Nathaniel Chapman of late eighteenth-century Philadelphia for his anti-democracy views, and then mentions his inappropriate use of a patent medicine. Yet when Link comes to Chapman’s contemporary Benjamin Rush, extolled as a shining light of the Jeffersonian democracy movement, he fails to mention the excessive bloodletting that was Rush’s trademark. While assessing these physicians’ practices for quality is an anachronistic exercise at best, this is the only place where Link offers evidence that reactionary physicians practise poor medicine.

Link is not just arguing that social activism is necessary for the model physician, but that such a physician cannot hold conservative political views. His list of politically correct opinions includes being anti-slavery, concerned about the poor, and pacifism. He is unsure about temperance, and lapses from his praise for pacifism when describing the physicians who served against the fascists in the Spanish Civil War. Largely avoiding the complexities that would have arisen from considering these figures within the context of their own time, he keeps a scorecard on how well the physicians ascribed to his own political views.

Professor Link’s training is in American history, and his lack of familiarity with standard works and themes of medical history is obvious. He analyses physicians’ reactions to the temperance movement without knowledge of the active debate on alcoholic therapeutics that was happening simultaneously in the mid-nineteenth century. Whilst making much of Daniel Drake’s nationalistic fervour he could clearly have benefited from the historical literature on antebellum regional styles of medical practice. Although he gives extensive attention to Nathan Davis, who founded the American Medical Association, he lacks sophistication in understanding the impetus towards the medical

school reform in the nineteenth century. Overall, he offers biographical vignettes lifted out of the context of the medical world in which these physicians practised. Granted he is not interested in the clinical side of their lives, but he frequently misunderstands the thrust of their social ideas because of this lack of context.

Nowhere is this more evident than in the sections that discuss the public health movement. After setting up the unusual dichotomy of public health approaches in his list of types of interaction, he then never uses it in his analysis. Link chooses to focus on two rather obscure figures while ignoring the leaders of the movement. Although he discusses Henry I. Bowditch's anti-slavery stand, Link ignores the large role Bowditch had in state and national public health work. Discussion of choices in public health direction might have offered Link a rich field for analysis, yet his lack of awareness of the complexity of arguments about, for example, focused attack on the tubercle bacillus versus tenement house reform, limits his account to the superficial.

Typographical errors include paragoric (p.151), untrammated (p.211), and experince (p.242). He has Rudolph Matas living 151 years on page 46, and refers to the "Dorothy Reed cell" on page 150 when its usual name is the "Reed-Sternberg cell".

Link has read widely in the manuscript materials of the physicians he describes, and uses them well. His plan is laudable, and this writer agrees with him that physicians with a broad humanitarian gaze are admirable people and worthy role models. Yet ultimately this book fails to convince the reader that such activities are essential to the identity of the superior physician.

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JACQUELINE JENKINSON, *Scottish medical societies, 1731–1939: their history and records*, Edinburgh University Press, 1993, pp. 237, £37.50 (0-7486-0390-5).

This study is intended to serve two linked purposes. The first half of the volume examines the emergence and development of the medical society. Part Two comprises summary histories of 135 "senior" and 25 student societies, with details of function, membership, publications, and surviving archival records. Despite the blurb on the jacket, this is not a complete history; although the text contains some later references, the discussion is largely confined to events prior to World War One.

Chapter 1 classifies Scottish medical societies under seven headings, ranging from "general interest" through "convivial" and "specialist" to "professional protection". The attempted analysis of major trends is hampered by a lack of detail on many bodies, particularly those which enjoyed a brief lifespan. Some of the conclusions, such as the suggestion (p. 21) that the post-1910 specialist societies helped bring about the demise of a number of general interest societies, are not substantiated by any evidence.

Chapter 2 considers the intellectual activities of 26 of the 160 societies identified by Jenkinson. An apparently random selection of examples, coupled with erratic chronology (the discussion of "convivial" societies on pp. 38–40 jumps successively from 1921 to 1902, 1844 and 1881), makes it difficult to identify significant changes over time.

Chapter 3 comprises a summary account of the eighteenth-century origins of the Scottish medical societies while chapter 4 is devoted to case studies of resurrectionism and phrenology. The last of the five chapters in Part One focuses upon medico-political issues and state regulation. As with the preceding chapters, the selective use of evidence makes it difficult to determine how typical of Scottish societies as a whole are the examples quoted. The relationship with midwives, for instance, is based entirely on evidence drawn from a special interest group, the Edinburgh Obstetrical Society. A broader perspective is provided in relation to the admission of female practitioners to membership, although little attempt is made to place this in the wider context of women in medicine. The chapter, and the overall analysis, conclude with a short account of responses to the 1911 National Insurance Act.

It is unfortunate that what will undoubtedly become a standard reference work is marred by an unacceptably high quota of errors and omissions, of which there is space to include only a representative sample. Entries for the Paisley (p. 183) and the Royal Medico-Chirurgical Society of Glasgow (p. 185) are referenced to Dow (1989). The bibliography contains no such citation but