

large and aims to show that the concept of toxicity in ancient China was not only medical, but also cultural. This theme is not gone into deeply enough, as can be seen in the comparison between China and ancient Greece, which is far too generic to be significant, and leads to a generalization perhaps more apparent than real.

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**Thomas M Daniel**, *Captain of death: the story of tuberculosis*, University of Rochester Press, 1997, pp. viii, 296, illus., £37.50, \$49.95 (1-187882-2969).

Yet another book for the general reader on the history of tuberculosis, by a retired professor of medicine. Admittedly, most of the others are elderly, but one even has almost exactly the same title—J Arthur Myers' *Captain of all these men of death* (1977). The prospect is enough to make the professional historian of medicine sigh, and the opening chapters of this book, which recount evidence for the presence of tuberculosis in ancient societies, from Egypt and South America to Greece and Rome, and on into the Middle Ages, will not cause any recantation. The determined reader will discover, however, that the book is not without merit; indeed, with suitable health warnings, it might prove useful in certain types of teaching. Thomas Daniel has that rarest of gifts, the ability to explain scientific concepts clearly and comprehensively, and even the most unregenerate arts student could hardly fail to understand, for example, the workings of the immune system under his guidance. He also makes intelligent use of familiar material: another account of the illnesses of John Keats and Robert Louis Stevenson may make the heart sink, but Daniel's specific use of these case histories to illustrate "opposite poles on the sphere of resistance to tuberculosis" is admirable.

The clarity and intelligence with which Daniel deploys his scientific knowledge to make the science of tuberculosis accessible to the general

reader make this book both enjoyable and instructive. It is all the more depressing, therefore, that his literary style is old-fashioned enough to trouble most people with any historical training—and that surely must encompass a good share of the potential readership of this book. He employs the imagery of warfare unremittingly and intensively throughout the book: adversaries, enemies, struggles, battles, conquests, defeats and victories rampage unchecked across these pages in a most anachronistic fashion, somewhat at odds with the author's rather tacit recognition of cycles of tuberculosis virulence, and the failure of most primary infections to develop into actual disease. Daniel is a great hero-worshipper, too. Robert Koch is "one of history's most brilliant and most rigorous medical scientists"; Edward Livingston Trudeau, "a man destined to have an effect on medical practice in the treatment of tuberculosis unparalleled even by Koch". Worrying is the table on page 40 which depicts, on no statistical and very little other evidence, five epidemic waves of tuberculosis since 2000 BC. English readers will be irritated by Daniel's inability to spell English names correctly: Lady Mary Wortley [*sic*] Montagu and Joseph Priestly [*sic*] deserve better than that.

Pretty mixed blessings, then, for this volume. Blame, perhaps, lies with Rochester's editors, not just for the copy-editing, which is shoddy, but for being historically naive enough to let Daniel get away with a circa 1950 historical prose style which went out of fashion in the 1960s.

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**Phyllis Hembry**, *British spas from 1815 to the present: a social history*, edited and completed by Leonard W Cowie and Evelyn E Cowie, London, Athlone Press, 1997, pp. x, 292, illus., £50.00 (0-485-11502-6).

During the first half of the nineteenth century, the Leicestershire town of Ashby-de-la-Zouch underwent a transformation from a

flourishing market town and hosiery manufacturing centre to a “genteel and respectable” spa. It acquired the necessary trappings to qualify as a *bona fide* watering place; baths, a Grecian style pump room set in pleasure gardens, a new and commodious hotel, and a theatre with boxes, pit and gallery. Even the lack of a mineral spring did not discourage the developers who arranged for water to be conveyed by rail from a suitable source nearby.

The aggrandisement of old established watering places and the development of entirely new resorts reached fever-pitch in the early years of the nineteenth century and indelibly stamped a characteristic style of urban planning on towns. Despite the demise of their mineral waters, these towns still possess a legacy of amenities derived from their spa origins which continue to delight contemporary visitors and provide attraction for residents.

*British spas from 1815 to the present* provides the sequel to Phyllis Hembry’s *The English spa 1560–1815*, published in 1990. Unfortunately she died before she was able to complete this second volume and her research work has been edited and completed by Leonard and Evelyn Cowie. Three spas, Leamington, Bath and Cheltenham are dealt with in separate chapters, but the rest are treated under regional headings and in a chapter entitled minor spas. This may reflect Hembry’s familiarity with the area where she worked and lived, but by the mid-nineteenth century, these three particular spas had the largest populations and set trends which others emulated. Cold baths, previously fashionable, were almost entirely displaced by hot and tepid baths made possible by the availability of cheap “canal” coal, though Bath continued to enjoy the luxury of naturally heated water. Not everyone wanted luxury, and the austere regimen of hydropathic therapy, pioneered by

Vincent Preissnitz, catered for the masochistic. Ilkley, Malvern and Matlock became popular places offering this style of treatment and hydros in remote locations proliferated, the forerunners of today’s health farms. An American patient staying at a Scottish hydro in 1904 remarked “We cannot decide whether we are in a boarding school or a theological training-house”.

Better quality accommodation in grand hotels and improved roads encouraged travel to inland resorts by people in search of social contact or hopeful of improving their health. The arrival of railways had a paradoxical effect on the popularity of spas as the hordes of day trippers threatened the peaceful and calm atmosphere, and they lost their exclusivity. In a similar way, these same towns are being threatened today by vehicular pollution created by the sheer number of tourists who arrive in cars or huge coaches.

The book concentrates on the spa’s influence on urban development and the social and economic issues surrounding this. The authors have assembled a wealth of interesting material, though a number of typographical errors, particularly of dates and proper nouns, raises concern about the reliability of statistics quoted. The medical aspects of the spas are not covered in much detail and their influence on the development of local health services, in particular rheumatology, is hardly mentioned. The decline of treatment facilities in British spas is also covered rather perfunctorily and the authors have overlooked the hostility towards spa medicine by certain established and influential physicians in the 1930s which did much to harden attitudes amongst the medical profession in the years following the second world war. Anyone researching the history of urban development will find much of interest in this book but medical historians are likely to be disappointed.

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