

environmentally engendered diseases, the next three chapters unpack the attempts made by physicians and students to connect medical theory with medical practice (and *vice versa*). Drawing from a range of sources, especially manuscript casebooks and lecture notes, Risse uses phthisis (consumption), menstrual irregularities and hysteria (mental illness) to show that clinical training in Edinburgh was an empirically guided enterprise in which the theoretical constructs of health were sometimes frustratingly disconnected with the reality of the diseases encountered by physicians in medical practice.

Overall, each chapter contains enlightening insights and references to archival sources that have hitherto remained neglected by historians. For these and other goodies, one will need to read the book for oneself. Indeed, in the face of such impressive scholarship, I hesitate to raise any significant criticisms. There are, however, a few drawbacks that need to be mentioned. Those well versed in medicine as practised in Enlightenment Scotland will no doubt find several of the chapters' introductory sections a bit longwinded. Additionally scholars interested in the history of medical chemistry will also wonder why Risse sidelines the impact that experimental pharmacology had upon the medical theories that guided the physicians in the Royal Infirmary. Conversely, neophyte readers, especially students, will fail to appreciate the blow by blow accounts that are sometimes given for the medical and social factors that influenced the interpretation of a given disease. But, bearing these minor blemishes in mind, my advice is to skip over them as required. Because, upon final assessment, *New medical challenges* is a real gem. It is an outstanding piece of scholarship that will need to be read by anyone seeking to research what Edinburgh's professors were actually teaching their students—especially since so many of the university's graduates went on to practise and teach medicine in Britain, Europe, America, Africa and India.

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**Helen M Dingwall,** *'A famous and flourishing society': the history of the Royal College of Surgeons of Edinburgh 1505–2005*, Edinburgh University Press, 2005, pp. xxiii, 336, illus., £25.00 (hardback 0-7486-1567-9).

In 2005 the Royal College of Surgeons of Edinburgh celebrated its quincentenary. There is much to be said for taking this as an opportunity to recount the College's history. Quite apart from celebrating the institution's longevity, there is a deeper historical interest in understanding how it has survived, and how it has responded and adapted to changing circumstances and an evolving cultural context. Helen Dingwall tells that story in a way that will interest and entertain medical historians and the Fellows and Members of the present-day College alike.

Central to the College's history is its changing role in the evolving medical economy. The College began life as a trade incorporation, founded to secure and protect the rights and privileges of its members within the complex occupational and political structures of renaissance Edinburgh. By the eighteenth century, as skill in surgery became an increasingly saleable commodity in a burgeoning market economy, the Incorporation had begun to take on an additional educational and examining role, earning a healthy income from the pedagogical reputation of its members and the prestige of its diplomas. By the mid-twentieth century, as medical teaching came to be monopolized by the universities and medical practice by the state, so the College consolidated its activities around the administration of higher examinations, controlling access to consultant status within an increasingly hierarchical health care system.

The story of how the College achieved that transformation while maintaining its continuity of identity and tradition is a hugely complex one. The surgeons had constantly to negotiate and redefine their role in relation to many other institutions that made up its social and political environment. Initially, these were mostly local, including the Town Council, the Royal College of Physicians of Edinburgh, the University and the Royal Infirmary. Engagement with national

institutions—most importantly Parliament and the Crown—was more sporadic, but became increasingly frequent with the growth of state regulation and state provision of medical care from the nineteenth century onwards. These institutional interactions were further complicated by a host of other contextual factors with which the College had to contend, including the impact of major wars, the incursion of women into the medical profession and—most importantly—the enormous change in the technical capabilities of surgery over the past five centuries.

Given these many and diverse strands to the College's history, the deftest of storytellers would struggle to weave them all into a seamless whole. Dingwall opts for a broad five-part periodization, spanning the early years of the Incorporation to 1581, its consolidation to 1726, the growth of commercial medical education to 1830, the period of medical reform up to the establishment of the NHS in 1948, and the globalization of medicine since the Second World War. Within this framework, she occasionally gestures towards a unifying view of the College as a participant in an expanding Habermasian public sphere, but the idea is scarcely developed and does little to resolve the rather episodic nature of her story. Other historical processes such as specialization and professionalization remain unexamined, invoked merely as a shorthand for describing otherwise unexplained events. Meanwhile, certain aspects of the College's history—its role in public health reform, for instance, or the growth of its museum collections—are simply tacked on to the end of larger chronological chapters rather than integrated into the narrative. Consequently, the overall result is often somewhat disjointed and piecemeal, despite Dingwall's clear appreciation of the need for a more integrated evolutionary vision.

That said, there is much here for which medical historians should be grateful. Dingwall has made a deliberate and sustained attempt to move beyond the merely celebratory genre to which so many institutional histories belong. Her attention to the economics of institutional survival, and to the politics of professional

self-interest as much as public service, are particularly to be welcomed. Likewise, her careful accounting of the College's struggles for control over surgical practice and medical education help to illuminate the development of medicine not just in Edinburgh but more widely. The book itself is beautifully produced and copiously illustrated, and the subscribers whose names are recorded in the opening pages can take pride in having supported a valuable historical study as well as a handsome testament to their College's continuing vitality.

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**Asa Briggs,** *A history of the Royal College of Physicians of London, vol. 4, 1948–1983*, Oxford University Press, 2005, pp. xii, 486, illus., £60.00 (hardback 0-19-925334-X).

The writing of institutional histories is a notorious poisoned chalice. The unfortunate author is caught in a no-win situation between the Scylla and Charybdis of the expectations of the eminent Members and Fellows and those of academic historians about what constitutes an effective historical treatment. Briggs, as one would expect with his experience and talents, makes a good stab at a readable history (and it is actually possible to read this book all the way through—quite an achievement in itself given the subject matter). However, Briggs is no medical historian and has not attempted to read himself into the literature very far, apart from the standard historiography on the NHS (although there is no Rudolf Klein, no Nicholas Timmins, no Michael Foot and no Bernard Harris). This means that, while the *Comitia* might be happy with this volume, which is much less full of dry and dusty administrative details than its predecessors by George Clark and Alexander Cooke, it is very unlikely to satisfy any academics. Briggs's attempts to associate this work with academic conventions notwithstanding (see bottom of p. 1373), it addresses none of the key themes in the history of twentieth-century medicine that occupy the academic history of