# Book Reviews / Comptes Rendus

**Condom Nation: The U.S. Government's Sex Education Campaign from World War I to the Internet**
Alexandra Lord
Baltimore: Johns Hopkins University Press, 2010, 240 p., US$31.60 (paper)

Alexandra Lord's book, *Condom Nation,* is not simply about condoms. In fact, condoms are far less important to Lord's work than the governmental policies that have defined the availability of prophylactics and what Americans have been allowed to know about them. This is not a shortcoming; the semi-sensationalized title conceals an insightful and well-researched analysis of the tense relationship between race, politics, religion, and sex education in the United States over the last 90 years. In addition to serving as a detailed and often provocative history of the American Public Health Service (PHS), *Condom Nation* is a timely call to action. Lord takes issue with current and recent government policy that conflates morality and science resulting in rising STD and teen pregnancy rates (the highest among industrialized nations) and a generation of young people who are perhaps more sexually ignorant than nearly any generation before them.

Lord demonstrates that, historically, the tension between science and morality is not new in America, but has been an ongoing struggle often complicated by the appointment of public officials with evangelical interests. While early attempts to use science to validate traditional morality may have been reflective of popular culture, she argues that the rise of the Religious Right as a powerful political entity with its own moralistic agenda has largely reversed mid-century campaigns against sexual ignorance. Lord asserts the PHS campaigns have generally reflected public concerns and needs, but recently they have taken a step backward as the federal government has increased funding to school districts that offer abstinence only curriculum. The reluctance of the PHS to provide the public with information on the effectiveness of condoms and the curability of venereal disease is not new. Lord shows that the question of how much the public should know has been a hotly debated subject, often reflecting the desires of powerful interest groups. Still, she suggests that the current policy of sexual ignorance has set America back in the battle against STDs and unwanted pregnancies.

Second to the problem of morality, the author argues that because of the United States' demographically diverse population there has not and cannot be a uniform view of sex education that reflects the values of all religious beliefs, racial, and ethnic identities. Lord is critical of the federal government's inability to apply a standardized sex education program while suggesting that it is due in

part to the traditional power of public/private relationships which characterize American understandings of health care. Lord argues that the federal government's sex education campaigns have reflected the values of the most vocal and powerful interest groups, generally white, Christian, middle-class, and male, thereby reinforcing the white Anglo-Saxon protestant sense of superior morality and prejudices regarding the sexual behaviour of other classes, races, religions, and immigrants. These deeply rooted beliefs and prejudices are then used to explain the regional variation in the application of the federal programs, as well as the threats that have been posed to PHS campaigns by intrinsic racist and sexist attitudes. Spanning from the early assertion that "Protecting whites from venereal disease would require nothing less than the eradication of venereal disease from African Americans," (p. 35) to the fear of race suicide and genocide that accompanied later population control campaigns, race, and the federal government's interest in sex are linked throughout the 20th century. The decentralized nature of the American public school system, Lord argues, has also contributed to the regional disparities by allowing would-be educators at the state and community level to selectively use materials provided by the federal government while adapting them to their own needs and agendas.

Lord's chronological approach and rich sources make *Condom Nation* an authoritative and enjoyable text, encompassing issues of race, gender, public policy and medicine that will appeal to historians in any of these fields. By approaching what is essentially a history of policy through these multiple lenses, Lord skilfully explores the multitude of relationships that have played formative roles in shaping American public health policy. At the same time, Lord's ability to blend history with analysis of current policy enables her to conclude the text with a snapshot of where America stands today. The picture that Lord presents is not only accurate but alarming, especially when viewed within the historical context that she provides.

LESLIE BAKER *University of Saskatchewan*

**What Disturbs Our Blood: A Son's Quest to Redeem the Past**
James FitzGerald
Toronto: Random House Canada, 2010, 497 p., $34.95

James FitzGerald's award-winning book is a remarkable narrative of striving, depression, madness, suicide, and survival in a family connected with some of Canada's greatest 20th-century medical achievements. It is compelling reading, difficult to put down, and it is likely to create in many readers, as it did for me, a range of emotional responses seldom noted in the pages of an academic journal.

James FitzGerald is the grandson of John Gerald FitzGerald, who founded the Connaught Antitoxin Laboratory at the University of Toronto in 1914, became the founding Director of U. of T.'s School of Hygiene in 1927, served as a director of the International Health Division of the Rockefeller Foundation, dean of medicine at Toronto, and much more. Gerry FitzGerald was a towering figure, perhaps the single most important public health entrepreneur Canada has yet pro-

duced. In the first third of the 20th century, he was everywhere on Canadian and international medical stages, knew everyone in the worlds of psychiatry, public health, pharmaceuticals (he and Connaught were at the centre of the production of insulin), academic medicine, and was widely respected for his industry, character, and good judgment. His seemed a career of almost Oslerian dimensions.

In 1938 at age 56 FitzGerald suffered what used to be called a nervous breakdown; or, as an associate told the university's president, he "went off the deep end." Deep, indeed. FitzGerald dissolved into bleak, helpless depression, was institutionalized, and subjected to endless drug therapy and insulin shock treatments. Openly suicidal—his letters are a horrifying portrait of a man losing the will to live—he finally succeeded at killing himself in 1940. The cause of his death was covered up.

FitzGerald's grandson laboured for 15 years to produce this brutally honest biography that forms the core of *What Disturbs Our Blood.* As the line from Yeats suggests, the book is actually a family saga, encompassing four generations of FitzGeralds, living with what might be a hereditary propensity for mental illness. The story of Gerry FitzGerald's physician son, Jack (James' father) and the family's life in big, gloomy houses in north Toronto, is also characterized by existential despair, drug addiction, suicide attempts, and unrelenting tragedy. A very large number of FitzGerald relatives, friends, and professional associates, including such giants of Canadian medicine as Banting and Best, were also mentally ill, unstable, and/or addicted to alcohol or drugs. James FitzGerald, the author, argues eloquently that his own survival is due to experiences with Freudian-based psychotherapy, plus perhaps the therapeutic effect of writing this book. "Words heal" he concludes as he summarizes his journey through his family's past and "the frozen, bone white pavements of the city of Toronto."

*What Disturbs Our Blood* is an intensely personal book. FitzGerald writes in lush, purple-hued, complex sentences and paragraphs, treading a fine line between historical story-telling and contrived melodrama. He occasionally slips over the line with minor factual errors and a tendency to relate his family's issues to those of the Irish race. As a scholar, I normally take a dim view of what is called "creative" non-fiction, and for that reason dislike many journalists' attempts at writing history. This book is an exception. It provides such a window into one family's troubles, into the private lives of a medical generation brought up to aspire to more than their temperaments could sustain, into real experiences with mental illness, and into the gothic catacombs of old Toronto, that it deserves a wide readership. When you finish the book, you have learned a lot and you have been put through an emotional wringer.

MICHAEL BLISS *University of Toronto*

**Het Gesticht: Enkele Reis of Retour [The Asylum: One Way or Round Trip]**
Joost Vijselaar
Amsterdam: Boom, 2010, 381 p., €39.50 (paper)

In this well-researched study, Joost Vijselaar, historian of psychiatry at the University of Utrecht, the Netherlands, offers an intriguing analysis of the patient

experience in Dutch mental hospitals during the time period 1880-1950. His study is based on 160 patient records from three Dutch psychiatric institutions. Vijselaar's study confirms findings of other international studies of psychiatric care based on patient records, arguing that the asylum was a more complex and dynamic institution than often assumed. It complements, for example, research of Canadian historians such as Patricia Prestwich, Wendy Mitchinson, and Marie Claude Thifault.

This detailed examination of patient records belies the view of the institution as a monolithic, closed system, where the mad, closed off from the outside world, locked away behind walls, remain incarcerated for ever. These records reveal that there was a more dynamic exchange between institution and society, and families had much more involvement and influence than presumed. Before admission, families most often had taken care of their relative for a long time. In many instances, problems experienced within the family were reason for admission, not the disturbance of public order. Based on the number of families that consulted a family physician, or had already been in a general hospital or sometimes a university clinic prior to admission, Vijselaar argues that many patients likely never enter the institution. Once admitted, about a third of the patients returned home after a relatively short stay of a couple of months to a year. Families influenced the admission and discharge, and their involvement shaped the length of stay. The book shows in vivid detail how the institutions were characterized by a continuous flow of coming and going patients. Many returned home, improved or recovered, and also many died shortly after admission. The latter group was already in their last days of life, old and demented, or in a state of severe dependency, requiring more care than the family could provide. Admission often was the end point rather than the beginning of a long-term care process, which had been ongoing for a long time in the context of family or community. Most often an increased state of agitation, restlessness, or exacerbation of their relative's care needs pushed the balance a family had been able to maintain and forced the family to look for other solutions. Not the medical diagnosis, but rather the social needs or problems were the main reasons for admission.

The chapters of the book follow the patient experience from admission to discharge. In the introduction, Vijselaar describes the methodology. The chapters include five parts. Part 1 (chapter 1) focuses on the nature of the patients' problems. It describes patients' experiences, ideas, emotions and behaviours. Part 2 describes the care patients received prior to admission within their family and social context. Families used a range of alternatives to asylum admission, including care in a general hospital. Also family physicians had a more central role than psychiatrists in patient care prior to admission. Families often took care of their relatives for a long time before requesting committal. Part 3 encompasses chapter 3 and 4, and analyzes reasons and motives for admission. The majority of admissions were requested by family members. Part 4, chapters 5 to 7, examines the period of confinement. Regulation of behavior rather than medical therapies was the primary focus of treatment. Family often remained involved, and influenced the course of admission. Discharge was more likely, and often pushed for, if the family was nearby and involved. These chapters also describe how difficult and disruptive behaviors among long-term mentally ill people were dealt

with. The last part analyzes the end of committal, either because of discharge or death. The main themes are summarized in the conclusion.

This analysis of patient records generates a very different account and portrayal of the history of psychiatry than studies based on administrative and more "official" records and reports. They bring the researcher, as well as the reader, closer to the day-to-day realities of asylum life and to the meaning it had for patients and families. In attending to the family's experience prior to admission, and, for example, to the role of general hospitals in psychiatric care, the book provides not only interesting conclusions about asylum life, but should also stimulate further research on the dynamics of care outside the asylum. The book forms an important addition to the international scholarship of the field.

GEERTJE BOSCHMA *University of British Columbia*

**The Evolution of Obesity**
Michael L. Power and Jay Schulkin
Baltimore: John's Hopkins University Press, 2009, ix + 392 p., US$40

Above all other centuries, the 20th century has witnessed the most dramatic change in human form: people have got fatter. Much fatter. In their recent book *The Evolution of Obesity*, co-authors Michael L. Power and Jay Schulkin of the American College of Obstetricians and Gynecologists deal with one of the favoured explanations for this striking increase in girth and heft. Human bodies, they argue, are evolutionarily adapted to a life with variable and often scarce food sources combined with considerable physical exercise. Our bodies therefore seize the opportunity to metabolize energy-rich foods and store that energy as fat in preparation for lean times. The obesity epidemic of recent decades has resulted, say Schulkin and Power, because those lean times now never come. Humans are an evolutionary mismatch for their modern calorie-dense, low-activity environment and the outcome of this mismatch is obesity.

Schulkin and Power's argument is, of course, not original to the authors (historians may rankle at the scant acknowledgement given to James Neel and his "thrifty gene" theory [p. 10]). The book's particular contribution is to marshal some of the concepts, theories, and evidence that flesh out (pun intended) the mismatch hypothesis, such as presenting evidence for evolutionary changes in brain size and in intestinal structure (chap. 1-4).

The "thrifty gene" or evolutionary "mismatch" concept is a persuasive hypothesis, and indeed the authors are themselves well persuaded by it. They give short shrift to some of the critiques of and complications to this hypothesis, such as, for example, biologist John Speakman's work (p. 306) and the dilemmas posed by racial variation and individual idiosyncrasy (p. 308-10). While the authors acknowledge other implicated factors such as modern food production and dining habits in their fifth chapter on "evolution, adaptation, and the perils of modern life," their explanation for why this comes quite late in the piece as being because "we are biologists, and this book is about human biology" is unsatisfactory, given the emphasis on explaining the obesity epidemic.

The strongest sections of the book are the latter chapters, which are a neat account of recent and very exciting developments in studying human metabolism and metabolic signaling pathways. Schulkin and Power describe current theory and biochemical evidence for how our appetites and fat stores are regulated and how we feel satiated. In particular, the chapters on the biology of fat and fat's role in sexual development and reproduction are a concise, useful, and intriguing summary of present understanding and investigation. Given the strength of these chapters, one suspects that with different choices as to the book's structure and emphasis (such as making obesity an *example* of how these insights could be applied to conditions, rather than the starting motivation of the book) the work would be more even in its successes.

*The Evolution of Obesity* is dotted with occasional instances of highly technical language along with the sporadic trite expression ("Men and women differ." p. 17), both of which tendencies make it a less engaging read. However, the authors have gathered and present a considerable range of recent scholarship on the evolution of human metabolism and on metabolic pathways, all of which is fully cited. This book will be a useful resource for scholars and the general public interested in current thinking on metabolic regulation and body composition.

LAURA DAWES *Independent Scholar*

**Félix Vicq D'Azyr, Les Lumières et la Révolution**
Yves Pouliquen
Paris : Odile Jacob, 2009, 240 p., €23

Vicq d'Azyr (1748-1794) was arguably the foremost anatomist of the 18th century and one of the most versatile medical figures ever. In a relatively brief career, he was an innovator in comparative and human anatomy and vivisectional experimentation. At the same time, he served as a public health expert, administrator, author, editor, and teacher. Unlike Aristotle, his ancient non-medical predecessor, Vicq was a practising physician as well. Recognized and rewarded by contemporaries, he became a member of the prestigious Académie des sciences at age 26. Shortly thereafter he led a government mission in response to a widespread cattle plague. His brilliant performance in the epidemiological crisis led to the founding of the first government-sponsored medical academy in France where he served as permanent secretary and leader in co-ordinating a nationwide network of physician-investigators. After serving as professor of anatomy at the veterinary school, Vicq d'Azyr became chief physician to Queen Marie-Antoinette in 1788.

Yves Pouliquen gives personal reasons for his interest in Vicq d'Azyr. A native of the same town in Lower Normandy, Pouliquen, an ophthalmologist and author of several other medical historical essays, is a member of the Académie française. So too was Vicq d'Azyr, who became just the second physician to join the ranks of the "immortals" in a century and a half. (Vicq succeeded in 1788 after two narrow defeats, one to a classical scholar who remarked that Homer had killed off fewer victims than had his rival's profession.

Pouliquen sketches Vicq d'Azyr's meteoric rise during the last two decades of the Old Regime in roughly the first quarter of the book covering the period of the Enlightenment (*Les Lumières*). Drawing on contemporary death notices and an essay by Sainte-Beuve, he seeks to portray an elusive personal biography. The main basis for Vicq's literary reputation, his eloquent funeral eulogies, are briefly quoted. There is little that is new here, indeed, less than available elsewhere.

Pouliquen seems much more interested in the dramatic events of the Revolutionary period, the subject of 20 short chapters which chronicle the collapse of the monarchy and the increasingly violent trajectory toward the Terror. Unfortunately, Vicq remains a passive, if not altogether absent, actor after his participation in the Constituent Assembly of 1790 where he presented the medical Society's ambitious plan for the reform of medical education. Thereafter, sources by or about the Queen's doctor are meager. Vicq is mentioned a few times in the diary of American ambassador, Gouverneur Morris; Desgenettes, a friend and former student, reports a conversation with his severely demoralized and bitter colleague in the spring of 1793.

Nevertheless, Pouliquen presents a vivid and plausible, though inevitably speculative, reconstruction of his protagonist's tragic final years and days. He prudently punctuates numerous inferences about Vicq's state of mind (anxiety, fear, panic, etc.) with question marks. At first hopeful that the Revolution would stop with a constitutional monarchy, Vicq d'Azyr's complacency would have been shaken by the capture of the fleeing royal family in 1791 and shattered by their imprisonment in August of the following year. The physician would have witnessed with horror the September massacres after which he fled home to Normandy. Returning to Paris in January 1793, Vicq doubtless feared for his own life because of his close association with the deposed and soon-to-be executed King and Queen. After all, the guillotine was claiming the lives of many scientists, like Lavoisier, who were less implicated than the man Marie-Antoinette fondly called "mon philosophe."

But, thanks to the protection of his colleague, Antoine Fourcroy, who was close to Robespierre, Vicq acquired a relatively safe position working for his enemies. His zealous efficiency supervising the collection of saltpeter, Pouliquen imaginatively labels a case of "Bridge on the river Kwai syndrome" (p. 235). Exhausted and deeply depressed, Vicq d'Azyr died, probably from pulmonary tuberculosis, just a few months before the downfall of the Jacobins. Had he survived, he would surely have played a leading role in the new medicine.

Pouliquen sees Vicq's failure to anticipate sooner his predicament and his "fright and cowardice" (p. 221) as his world descended into savagery as understandable human failings of a great scientist under enormous stress. He concludes his engrossing essay on his admired predecessor on this empathic note. Endnote references without page numbers and a useful bibliography direct to further reading.

TOBY GELFAND *University of Ottawa*

**Three Shots at Prevention: The HPV Vaccine and the Politics of Medicine's Simple Solutions**
Keith Wailoo, Julie Livingston, Steven Epstein, and Robert Aronowitz, eds.
Baltimore: Johns Hopkins University Press, 2010, xxix, 320 p., US$24.99

The edited collection, *Three Shots at Prevention: The HPV Vaccine and the Politics of Medicine's Simple Solutions*, successfully demonstrates that "challenges embodied by controversy—how to make decisions amid uncertainty, the consequences of gendering and individualizing risk, the cost of linking vaccinations to debates over morality and good government—will not disappear" (p. 301). The collection is edited by four powerful contributors to the history of medicine—Keith Wailoo, Julie Livingston, Steven Epstein, and Robert Aronowitz. It is very timely given the current political, public, and medical debate surrounding the release of Gardasil, an HPV vaccine. More importantly, the book is the first attempt to place the HPV vaccine debate within the historical context of other vaccine releases, discussions about the gendering of medicine and health care distribution, international perspectives on both cancer and HPV, and the role of parents in mandatory vaccination.

*Three Shots at Prevention* is divided into four very dense sections. The first section, "The Known and Unknown: Vaccination Decisions amid Risk and Uncertainty," carefully evaluates the current HPV vaccination debate alongside other vaccination releases in the past. Via James Colgrove's discussion of the history of compulsory vaccination, the reader is pushed to personally evaluate the current HPV vaccine debate. The section moves on to complicate the idea of Gardasil being a vaccine to protect from developing cancer, and thus creating a new debate of "reduction and control of individual risk" (p. 22). In his article, "Gardasil: A Vaccine against Cancer and a Drug to Reduce Risk," Robert Aronowitz argues that Gardasil is essentially a drug against risk, therefore targeting the individual and not necessarily the general population (p.22). He further investigates the differences of individual protection versus herd immunity when discussing vaccines such as HPV. The section then turns to a focus on the vaccine campaigns and the risky agendas many of them have. For example, the Lundy Braun and Ling Phoun article unmasks the underlying biases and gendered campaign strategies that all surely hit a nerve somewhere in us all. One key campaign included presenting cervical cancer as a "visible, tangible, and yet solvable problem for women—one that was easily preventable with a simple and culturally acceptable technical intervention" (p. 41). Another gendered campaign strategy, Braun and Phoun argue, was to frame Gardasil as a cancer vaccine, not one focused on any particular STD, thus making "women as sexual agents invisible" (p. 41). The section then explores the topic of anal cancer and its connections with HPV infection and the vaccination debate with an article by Stephen Epstein, "The Great Undiscussable: Anal Cancer, HPV, and Gay Men's Health." Epstein argues that while cervical cancer is dangerous enough to talk about publicly, anal cancer, associated directly with gay men's sexual activity, is even more dangerous. He further argues that the medically marginalized group (gay men) and the socially invisible organ (anus) associated with the socially invisible practice (anal sex) further erases anal cancer from the public discourse about the HPV vaccine (p. 63). The section ends with Doreen Ramogola-Masire's

article about the HPV vaccine in Botswana, which challenges the reader to recognize that Northern American debates surrounding the HPV vaccine do not as easily apply to countries where vaccines are often inaccessible and not within the financial reach of resource-poor communities.

The second section, "Girls at the Center of the Storm: Marketing and Managing Gendered Risk," starts with a focus on how female sexuality has often clouded the important public health issues such as the need to continue screening alongside HPV vaccination, scientific studies to determine the vaccine's efficacy, and the ever-persisting inequalities in access to regular gynaecological health care (p. 104). Laura Mamo, Amber Nelson, and Aleia Clark's article argues that creating female (girls) bodies at risk of becoming ill ensures sales of Gardasil. The section ends creatively with an article discussing the *Tune in HPV project*. After reading this article I was so intrigued I went ahead and spent some time on the tuneinhpv.com website, which provides a safe place for people, from all walks of life, to share their personal journeys with HPV. This article, in particular, reminds the reader that, as a result of the marketing strategies of Gardasil, strategies that claim to protect girls from cervical cancer, there is a popular misunderstanding that this vaccine allows for a carefree attitude towards safe-sex practices. The stories on the website reveal all the common misunderstandings, or ignorance, of HPV and its connection to cervical cancer (p. 160).

The third section, "Focus on the Family: Parents Assessing Morality, Risk, and Opting Out," moves beyond gender and marketing strategies, directly to the parental role and response to the HPV vaccine. This, for obvious reasons, will surely touch a nerve in readers who are parents. I am one of them. This section successfully couples the HPV debate with anti-immunization groups who have been challenging various immunization programs for decades for various reasons based on their belief that their decisions reflect their children's best interests. Not only does this section give the context of the powerful anti-immunization movement, it also reminds the reader that much of the knowledge parents base their decisions on comes from mass marketing that, as earlier articles illustrate, is gendered, sexually charged, and biased in favour of selling vaccines. The final article in this section is particularly powerful, as Steven Epstein and April Huff remind the reader that the broader contexts, such as the "complex interplay among biopolitics, biomedicalization, and the often bitterly fought politics of sexuality" are in need of further examination when discussing the HPV vaccine (p. 213).

The final section, "In Search of Good Government: Europe, Africa, and America at the Crossroads of Cancer Prevention," as with the other international discussions throughout the book, reminds the reader that vaccines can "condense and highlight relationships of trust or scepticism between the state and its citizens and subjects" (p. 231). This, of course, is a much more complex concept when considering the varieties of governance in different countries. Vaccination and disease prevention histories reflect the various approaches to politics, health care infrastructure, and affordability. For example, the experience with vaccines throughout much of Africa is very different from the American experience. While this difference seems obvious, this section further complicates the experience by using multiple European perspectives to allow a broader

understanding of a range of public discourses and policymaking surrounding the HPV vaccine. It was particularly eye-opening for me, as I was quite ignorant to how the HPV vaccine was being approached outside North America.

This collection should certainly be on class reading lists—both at the graduate and undergraduate level. I suspect its interdisciplinary nature will allow it great success in sales across North America. The editors and those contributing to the book demonstrate that the HPV vaccine debate is rooted in long-standing immunization politics, parental involvement, marketing madness, and, more importantly, a variety of political cultures. While this book reminds us that people simply do not know enough about HPV and its prevention, the next obvious question that comes to my mind is: do people know enough about the history of cervical cancer and its prevention? I suppose that would be a book I should write.

MANDY HADENKO *York University*

**Preventive Strikes: Women, Precancer, and Prophylactic Surgery**
Ilana Löwy
Baltimore: Johns Hopkins Press, 2010, 344 p., US$40.05 (paper)

Ilana Löwy's *Preventive Strikes* is an outstanding contribution to the history of cancer, specifically, and the history of health and medicine, generally. Löwy, a senior researcher at the French National Institute of Health and Medical Science, effectively opens up new areas of inquiry within the study of cancer by shifting our historical focus from curative or palliative treatments to the realm of precancer and prophylactic surgery. The history of precancer is a relative historiographical void that Löwy sweeps in to fill with her ambitious and comprehensive study of women's experiences with preventive surgery for breast and cervical cancers in France, Britain, and the United States throughout the 20th century.

Löwy's exploration of precancer and prophylactic surgery centers on three complex and interwoven arguments. First, she draws attention to the contradiction inherent in women's cancer experiences, specifically "the contrast between the sophistication of a diagnostic technology grounded in the latest developments in molecular biology and the crudeness of the solution to the diagnostic gene mutation—the mutilation of a healthy female body" (p. 1). Löwy then suggests that this phenomenon of performing operations based on perceived cancer risk is part of a larger history of women as targets of the "medical gaze," and surgical, particularly gynecological, experimentation (p. 10-11). Finally, she emphasizes that the history of precancer diagnosis and prophylactic surgery has much to teach us about how cancer is theorized and defined by medical professionals, and how expert understandings are applied to, and experienced by, patients in the contemporary era.

*Preventive Strikes*, Löwy's second monograph on the history of cancer, is organized chronologically over eight chapters which trace the medical profession's evolving conceptions of cancer throughout the 20th century, and the lived impact of those shifts. Löwy vividly describes the historical process through

which cancer transitioned from being the providence of surgeons, whose treatments were reliant on visual and tactile assessments, to that of the pathologist, whose diagnoses were based on microscopic analysis in the early 20th century. The notion of "precancer," whereby cancer diagnosis and treatment became separated from readily observable clinical symptoms, emerged from this shift to the laboratory, as well as from the development of the "cancer schemata" (the theory that small tumours that were confined and caught early had the highest cure rates) (p. 2). In response, medical professionals' efforts were refocused on early detection, cancer risk, and preventive therapies.

As patients, women were profoundly affected by shifts toward a precancer paradigm, particularly through a new sense of what Löwy calls "embodied risk" (p. 4). As cancer came to be understood as the disease of an otherwise-healthy individual that only came to light with an official medical diagnosis, a gulf was forged between "lived" and "biomedical" understandings of cancer, with women occupying a liminal state between perceived health and illness that fostered a distrust of their own bodies (p. 6). The focus on precancer then provided the rationale behind such preventive measures as the pap smear, mammograms, medical surveillance, and other campaigns intended to emphasize the importance of early detection. Such efforts only gained currency over the course of the 20th century, particularly with the discovery of the BRCA 1 and 2 genes in the mid-1990s that allow for the detection of hereditary risk for breast and ovarian cancers through genetic testing. Despite such advances, however, surgical intervention has remained a staple of both cancer prevention and treatment.

In addition to its sophisticated argument, Löwy's work has two main strengths, the first being her transnational scope. *Preventive Strikes* avoids many of the potential pitfalls of doing comparative history as her work is incredibly balanced by giving relatively equal weight to each country. Particularly impressive is her attention to how cancer prevention and treatment differed according to geographically specific "medical cultures," including local traditions of medical education, professional structures, and healthcare systems. For example, Löwy notes how French oncologists and surgeons were more likely to prescribe radium therapy over heroic surgeries for cancer due in part to the influence of the Curie Foundation; meanwhile, pap screening was more accepted in Britain due to the activism of the Medical Women Federation and promotion by the National Health Service (p. 36, 96, 132). The second major strength of Löwy's work is her abundance of historical examples gleaned from a wealth of sources including medical and scientific journals, newspaper articles, patient files, and surgical records from the Wellcome archives, the Curie Institute, and several American and British hospitals.

Löwy's work is a fascinating read and a critical addition to the field of cancer history. It will undoubtedly be considered enjoyable and instructive by historians and medical professionals alike.

DEVON STILLWELL *McMaster University*

**Dans le quartier des agités. Les cahiers noirs de l'aliéniste**
Jacques Côté
Québec, Alire, 2010, 437 p., 27.95$

C'est dans les arrondissements de Paris, au rythme des habituelles enquêtes de Daniel Duval, bien connu des lecteurs de drames de fiction de la collection GF des éditons Alire, que Jacques Côté nous invite, cette fois-ci, à suivre celle du Dr Georges Villeneuve. Le futur surintendant de l'asile Saint-Jean-de-Dieu de Montréal (1894-1918), principal protagoniste de cette aventure *Dans le quartier des agités*, est sur la piste d'un curieux ténor rapportant un succès endiablé à l'Opéra de Paris. C'est dans le cadre d'une spécialisation en médecine légale des aliénés, au cours de l'année 1889, que Georges Villeneuve dans ses cahiers noirs nous fait découvrir les asiles parisiens Sainte-Anne et la Salpêtrière ainsi que leurs célèbrent aliénistes dont Valentin Magnan et Jean-Martin Charcot.

Une trentaine de chapitres entraîne le lecteur dans les méandres d'une enquête policière menée en parallèle par le Dr Villeneuve. Outre les scènes fantastiques qui éblouiront les amateurs de ce style littéraire, l'historien ne boudera point son plaisir d'accéder aux coulisses de l'Exposition universelle, le Congrès international de médecine mentale et celui d'anthropologie criminelle. Entrent alors en scène les délégations françaises, italiennes, allemandes et anglaises débattant pour ou contre les thèses sur le « criminel-né », popularisées par Cesare Lombroso. De plus, l'historien s'amusera à départir le vrai de l'imaginaire tout en reconnaissant la réelle effervescence qu'a connue, à la fin du 19e siècle, la médecine mentale. C'est précisément ce qui séduit dans ce roman où, comme nous en avise Côté, « Tous les lieux, institutions et personnages publics qui constituent le décor de ce roman ont été empruntés à la réalité. » Il fait sourire, plus qu'agacer, de découvrir que sœur Thérèse-de-Jésus accompagne le Dr Villeneuve sur le paquebot quittant Liverpool pour Paris le 15 juillet, alors qu'elle devait plutôt être dans un train la conduisant vers une ville italienne, déjà bien engagée dans sa tournée des asiles européens de l'été 1889.

Néanmoins, ce qui fascine c'est bien le ton scientifique choisi par Côté pour aborder le sujet de la médecine mentale nettement accentué par l'émerveillement du Dr Villeneuve buvant littéralement les paroles des grands aliénistes français: « C'était l'Histoire qui parlait devant moi. » (p. 101) fait dire Côté au Dr Villeneuve. S'enchaînent le récit sur l'étonnant monde de la psychiatrie, minutieusement documenté, au sein duquel Côté initie habilement son lecteur à l'univers asilaire et à sa faune. Les cliniques du Dr Magnan font l'éloge de la clinothérapie, de l'hydrothérapie et du non-usage des restreintes (contentions). « Une douche écossaise à Paris » aborde de façon humoristique les usages et bénéfices de la thérapie par l'eau à laquelle goûte le Dr Villeneuve. Côté a ainsi pris le parti de s'éloigner des descriptions mettant à l'avant-scène des traitements qualifiés de barbares pour plutôt en souligner les vertus thérapeutiques auxquelles on croyait au 19e siècle.

L'ouvrage, bien écrit, fourmille d'expressions québécoises et françaises, parfois archaïques, qui s'entrechoquent au fil des conversations soutenu par l'expertise médicale des protagonistes de cette histoire. Aucun répit pour le profane qui découvre les maladies mentales et nerveuses et leurs thérapies. La langue est belle, recherchée et littéraire. Ce premier roman de la série *Les cahiers noirs de*

*l'aliéniste* se termine à la fin d'une année d'études et d'aventures à Paris pour le Dr Villeneuve. Son retour au pays n'annonce aucunement le sujet du prochain tome *Le Sang des prairies*.

Cette histoire bien ficelée par Côté fait naître l'asile sous un nouveau jour, faisant presque oublier son passé douloureux. À l'heure où le constat des nombreux échecs à intégrer une partie des malades mentaux incapables de vivre en société et que des médecins réfléchissent au recours à l'institution (*La Presse* 14 janvier 2011), cette histoire, aux péripéties fictives, laisse poindre l'historicité, souvent occultée, d'une volonté réelle des aliénistes de protéger les aliénés. Ainsi, *Les carnets noirs de l'aliéniste*, de façon originale, participe à une relecture du milieu asilaire où les soins et les compétences reposaient sur les connaissances scientifiques d'un autre siècle.

MARIE-CLAUDE THIFAULT *Université d'Ottawa*

**Tommy's Team: The People behind the Douglas Years**
Stuart Houston and Bill Waiser
Markham: Fifth House Publishers, 6 x 9, 249 p., $19.95

Sir William Osler stated, "History is simply the biography of the mind of man," and, although biographies are out of fashion with academic historians, they remain popular with the general public. Stuart Houston and Bill Waiser's book, *Tommy's Team: The People behind the Douglas Years*, meets the interests of the latter and is a useful resource for historians of Medicare in Canada and Saskatchewan, in particular.

The book presents the biographies of many of those who, under the leadership of Tommy Douglas, served the post-World War II socialist government in Saskatchewan. The book focuses especially on those who wished to improve the health of the citizens of Saskatchewan. Interestingly, Douglas commissioned the historian, Henry Sigerist, to point the way! The authors of the book, both from Saskatoon, are a well-respected physician historian and an academic historian. The book contains 36 biographical vignettes of teachers, physicians, scientists, and health care civil servants from Canada, the United States, and Britain.

A few of the subjects were those who influenced Douglas's early years. One is Harris MacNeill, Douglas's professor at Brandon College, Manitoba who taught Classics and the New Testament, but more importantly imbued the theology student with the realization that Christianity should be more concerned about solving social issues than personal salvation. Readers are also introduced to George Cadbury, a Fabian socialist of the chocolate family, who was hired from Britain to run the economy. Two others are of Japanese-Canadian origin; both were very conscious of racism, from their people's internment in the recent World War, and saw hope in the province's bill of rights. Kiyoshi Izumi was an architect who modernized the mental hospitals and Tommy Shoyama was an economist. There is the outstanding sportswoman Sylvia Fedoruk who, as a physicist, contributed to the development of the cobalt radiation program and had a stellar career, finishing as Lieutenant Governor of Saskatchewan. Only two other women are included. The first is Irma Dempsey who became Douglas's

wife and the other was Eleanor McKinnon, his secretary. It is quite clear that both were the foundation of Douglas's successful career and he would have achieved little without them. Today, now we have been enlightened by feminism, we too easily dismiss such lives as selfless and unsung, but clearly for those who worked with the Douglas their worth was fully realized.

The health care professions are well represented. Three of the subjects contributed to Saskatchewan's pioneering cancer radiation therapy, four to its enlightened mental health programs, including the controversial use of LSD, and eight were general doctors. All believed that health was a universal right, not a privilege of the pocketbook. The young Douglas had experienced this when Dr. Stanley Smith saved his chronically infected leg from amputation and charged no fees, probably because he was a "teaching" case. Also included in the book is Dr. Fred Mott, who was recruited from the United States and introduced the health insurance plan. Although this book fits with George Rosen's implied criticism of much medical history—that it is too *iatrocentric,* I will defend this with Foucault's comment that "The first task of the doctor is therefore political…Man will be totally and definitively cured only if first liberated." These doctors saw that Saskatchewan put the benefits of politics into practice.

The book is well referenced with 30 pages of endnotes and is a useful addition to the historiography of the origins of Canadian Medicare. However, I think Stuart Houston's previous book, *Steps on the Road to Medicare: Why Saskatchewan Led the Way* (2002), is more instructive for students who want to learn about Medicare and its important and defining influence on Canadian society. This latest book by him supplements the previous one, but does not answer the many questions raised by the Bulletin review of *Steps on the Road to Medicare*. *Tommy's Team* is a book for reference, not a textbook for a course. Above all, it is a pleasurable read for those who are familiar with this period in Saskatchewan and who believe that this province led the way for Canada.

PETER WARREN *University of Manitoba*

**The Department of Surgery of the University of Alberta: The First Half Century, 1922-1975**
Robert A. Macbeth
Private publication of the Department of Surgery, University of Alberta, 2009.

This book is best described by the author himself. The first sentence in the preface reads *"**This is a very personal history** of the Department of Surgery at the University of Alberta."* Dr. Robert A. Macbeth graduated from the University of Alberta medical school in 1944. After War service and postgraduate training, he returned to the Department of Surgery at the University of Alberta in 1952, serving as chair of the Department of Surgery from 1960-75.

The history of the Department of Surgery is told chronologically and is very much autobiographical as Dr. Macbeth was personally involved in the department for many years. The book is also very biographical, recounting the histories of many of the Department's multiple players, most known personally to Dr. Macbeth, often with intimate anecdotes of family information and individual idiosyncrasies.

That is not to say that the book is not historically rigorous. Dr. Macbeth admits to a lifetime avocation for the history of medicine and obtained a Hannah grant for his research, described by one reviewer as *"an excellent project that has found its ideal historian."* Nor has Dr. Macbeth whitewashed his history in fond remembrances. He has made a *"sincere attempt to present an accurate and honest story, warts and all."* Fortunately, Dr. Macbeth made the wise decision to put much of the extensive minutiae of the Department into easily accessible notes and tables. An index is also provided.

The book is divided into three sections. The Pioneer Years cover 1922-50, much of which is seen through the eyes of Macbeth's medical student self. These years also cover the early years of development of the University of Alberta, established in 1908, with the medical school created in 1913. The Golden Years of 1950-60 reveal Macbeth and the Department's decade in the glow of Dr. Walter C. Mackenzie, who is rightfully famous as an Edmonton surgeon, Chair of the Department of Surgery, and Dean of the Faculty of Medicine. Finally, we have Macbeth at the helm for 15 years of Building. This latter section is particularly helpful in understanding the expansion and diversification of the Department of Surgery into its multiple subspecialties—an evolution that mirrors similar evolutions in Departments of Surgery at other facilities.

While the book has a heavy emphasis on the personalities involved in the Department, several topics weave themselves throughout all sections—education, research, patient care, administration, and governing bodies. Nor has the relationship of the Department to political, social and economic events escaped analysis, with specific reference to the effects of the Depression, World War II and the initiation of Health Care, all receiving extensive coverage.

Macbeth has achieved his goal of telling an honest story, much of it from his first person perspective. This book is an engaging read and will be of interest to anyone interested in the history of surgery, history of medicine in Alberta, and the history of the University of the Alberta Faculty of Medicine as seen through the prism of the Department of Surgery.

DAWNA GILCHRIST *University of Alberta*

**Diagnosing Genius: The Life & Death of Beethoven**
François Martin Mai
Montreal: McGill-Queen's University Press, 2007, 270 p., $34.95

There is no dearth of scientific journal contributions or books in the medical literature about Ludwig van Beethoven (1770-1827), one of the world's greatest musical composers.[1] His many reported illnesses have led to a variety of speculations about these infirmities, ranging from syphilitic infection[2] to sarcoidosis, and Whipple's disease.[3] Some even believe he may have had an autoimmune disease.[4] A search of PubMed reveals over 400 papers on Beethoven, while the Library of Congress entries for this musical luminary approach 2,000.

Why, then, another biography? According to the Forward written by the well-known Canadian pianist, composer, and conductor, Anton Kuerti, François Martin Mai, a practicing psychiatrist in Ottawa and a musician of note,

"approaches his subject both as scientist and as a medical detective, weighing possibilities and probabilities in a carefully reasoned manner." He continues, "He does not impose definitive answers on all the open questions but he certainly presents us with all the evidence needed to speculate and create our own image of this extraordinary human being who has meant so much to so many, for such a long time."

The biography of this "iconic figure," as the author describes him, is divided into five sections. There is a useful glossary of medical terminology, a chronological listing of Beethoven's medical history, a discussion of his alcohol usage and its effects, and an examination of Beethoven's autopsy report, which, incidentally, was the first one that the famed pathologist Karl von Rokitansky conducted. The additional notes and references are more than adequate for any further reading and research.

Chapter 1, "The Setting," is presented in a manner that is informative both to the layperson and to the professional. It also serves as a review of the political scene of the period, which is useful background for understanding the political views of Beethoven, who was initially enthralled with Napoleon. His birthplace, Bonn, was a town of only 10,000 people, which easily explains his eventual move to the infinitely more cosmopolitan Vienna, a capital with a population of over 200,000 and one that could more readily provide for his musical studies, which were initially taken under the tutelage of Joseph Haydn.

In Chapter 2, "Beethoven's Life," the reader learns that his family came from the Flemish area of what is now Belgium; hence, the van (from) in his name. His father was a musician of sorts but an alcoholic, while his mother receives many accolades for her warmth and understanding. Tuberculosis caused her demise and, later, his older brother as well. Beethoven never married, but he seems to have had several amorous relationships with women, enough so to dispel rumours about him being a bachelor. The numerous letters and, when his hearing had diminished significantly, the famous "Conversation Books," kept between 1819 and his death, provide extraordinary details of his life. Unfortunately, Anton Schindler, his first biographer, would later destroy some of these records for reasons that remain unclear.

In Chapter 3, "Beethoven's Health Problems," there is a detailed account of his hearing loss, chronic gastro-intestinal problems, fleeting eye conditions, and mood swings. His various physicians—at least 11 for this difficult patient—would recommend special diets, visits to spas to take the waters, and even iced punch. He might well be termed eccentric, or, in today's parlance, be labelled bipolar. While he may have had syphilis, as many people of the era did, this affliction does not appear to have caused a significant impact upon his life. He could also have contracted tuberculosis and even lead poisoning (plumbism). These, plus many more medical issues, as well as his hearing loss, are further discussed in Chapter 4, "The Interpretation."

The reasons postulated for his increasing deafness are vast: psychosomatic conversion, Paget's disease, typhus, and plumbism to mention a few; however, the author finds the diagnosis of otosclerosis to be preferable as the cause. As Mai so well states, "The absence of hard scientific data, such as biochemical or histological results, means that we are dependent on the more limited information provided in the surviving primary sources."

For the concluding chapter, "Illnesses and Creativity," Mai makes his case for the creativity and genius of the man. "We can never understand the reasons for Beethoven's creativity…He possessed and expressed to the highest degree that intangible and ineffable quality that humankind shares with its Creator."

This biography has all of the qualities for commendation. It is informative, well researched, and readable. The book is a worthwhile addition to the record of lives of famous musicians, particularly of Beethoven.[5]

LAWRENCE CHARLES PARISH *Jefferson Medical College of Thomas Jefferson University*

NOTES

1 François Martin Mai, "Beethoven's Terminal Illness and Death," *Journal of the College of Physicians of Edinburgh*, 36, 3 (October 2006): 258-63.
2 T. G. Palferman, "Beethoven: Medicine, Music, and Myths," *International Journal of Dermatology*, 33, 9 (September 1994): 664-71.
3 O. P. Sharma, "Beethoven's Illness: Whipple's Disease Rather than Sarcoidosis?" *Journal of Social Medicine*, 87, 5 (May 1994): 283-85.
4 W. B. Ober, "Beethoven: A Medical View," *Practitioner,* 205, 230 (December 1970): 819-24, and C. S. Karmody and E. S. Bachor, "The Deafness of Ludwig van Beethoven: An Immunopathy," Otology & Neurotology, 26, 4 (July 2005): 809-14.
5 W. L. Marmelzat, *Musical Sons of Aesculapius* (New York: Froben Press, 1946).

**From Craft to Specialty: A Medical and Social History of Anaesthesia and Its Changing Role in Health Care**
David Shephard
Bloomington, Ill.: X Libris Corporation, 2009, 451p., $23 99 (paper) $34.99 (hardback)

The specialty of anaesthesia is relatively young, having started in 1846 in Boston, where the first formal anaesthetic was given for a surgical procedure. David Shephard, the author of *From Craft to Specialty*, is well qualified to tackle the subject of this book. His career as an anaesthetist covers half a century, and, for much of that time he has been an active researcher and writer of the history of medicine. Indeed, in the book, he acknowledges his "intellectual debt" to the Canadian Society for the History of Medicine and the "osmotic value" of his association with its members over many years.

There was, of course, a "pre-history" before anaesthesia was established and, while this is familiar ground, it is covered well in the first two chapters. The main theme of the book is the evolution of anaesthesia over the last 150 years. Shephard maintains that until the 20th century anaesthesia was a *craft*, with a mainly empirical "seat-of-the-pants" approach taken by most clinical practitioners. This phase is covered entertainingly, with the text enhanced by boxes that include a photograph and biographical sketch of the main protagonists. The author argues that at the start of the 20th century a more scientific approach transformed the craft into a *discipline.* Towards the middle of the century, formal training programs and professional societies gave anaesthesia recognition as a *specialty*. Like most specialties, the latter part of the 20th century and early 2000s saw the emergence of subspecialties. The logic of this evolution is supported

against the background of the technical and scientific advances in anaesthesia, and there are extensive illustrations.

Have you noticed that most book reviews, while mainly praiseworthy, usually include at least one point of contention – if only to show that the reviewer has read the book? So, here it is. In a section on Out-of-Hospital Resuscitation, Shephard correctly highlights cardiac arrest outside hospital as a major cause of death in the developed world. Furthermore, he points out that survival in these cases depends on the recognition that ventricular fibrillation is the main cause of death, and that early access to defibrillation reduces mortality. Defibrillation is now the cornerstone of resuscitation outside hospital, and yet the originators of this practice in 1966 – the cardiologists Frank Pantridge and John Geddes, are not mentioned.

As a general history of anaesthesia, the author acknowledges that some of this material is already available, albeit much of it out of print. However, as a comprehensive historical review of the specialty, this is an excellent up to date analysis. The level of detail and research is impressive, and the 83 pages of bibliography and references are a worthwhile resource in their own right. Recommended.

TOM BASKETT *Dalhousie University*