

Book Reviews

lead-paint in their products, though public health officials, notably in Boston and Baltimore, continued to identify cases in which lead-paint was implicated throughout the 1930s. The problem then largely disappeared from public view until the late 1940s and 1950s when hundreds of children started to appear in urban hospitals with acute plumbism. The trouble, it turned out, was lead-paint flaking off the walls and floors of former middle-class homes abandoned to slum landlords who allowed the houses to deteriorate while renting to poor families. It was the children of these families who were most severely affected by lead poisoning and, according to English, once again public health officials and the industry acted quickly to address the issue. They warned parents and physicians of the dangers of lead-paint. They began screening and abatement programmes. They also negotiated a voluntary standard that substantially lessened the use of lead in paints intended for indoor use. The result of these initiatives was a general reduction of lead in the environment; a reduction also promoted by preventive and environment regulations, and federal legislation to encourage screening. Acute childhood lead poisoning largely disappeared as a public health problem, and the definition of childhood plumbism also changed to focus more on sub-clinical lead poisoning. English concludes that the reduction of lead in children's surroundings can be seen as "a public health triumph" (p. 185).

But, English's "triumph" was surely as much about profit as it was about public health. It is true that the lead-paint industry was often a leader in lead poisoning research, but its motives were not without self-interest. Research on lead hazards provided the industry with ammunition with which to discredit critics who suggested that the real scope of the problem was bigger than the industry claimed. It also provided the industry with a scientific rationale for continuing to advertise lead as safe despite substantial evidence to the contrary. English

tends to downplay such contrary evidence by emphasizing uncertainties about the dangers of lead, and the "conscientious" efforts by the industry to improve knowledge of its hazards. He is less willing to explore how industry-sponsored research might promote uncertainty and ignorance, and he may also be too generous towards public health officials who for years blamed the poor for their children's ills, and sought instead to promote basic biomedical research into the action of lead on the body. Eventually, government funding moved the locus of research on lead toxicity from industry to the public sector, and the research questions changed, as did the interpretation of results. But this outcome was often uncertain, slow in coming, and was not achieved without struggle. One strength of this book is its account of the transformations in the epidemiology of the disease. It also provides a useful survey of the subtle shifts in clinical and scientific knowledge of childhood lead poisoning over the course of the twentieth century. It is less successful in explaining the social construction of this epidemic, its commercial, cultural and political causes. Nor does it fully explore the ways in which industrial interests shaped knowledge of lead poisoning.

David Cantor,
National Cancer Institute

Marijke Gijswijt-Hofstra and Roy Porter (eds), *Cultures of neurasthenia: from Beard to the first world war*, *Clio Medica* 63, Wellcome Series in the History of Medicine, Amsterdam and New York, Rodopi, 2001, pp. iv, 407, illus., €95.00, \$89.00 (hardback 90-420-0931-4), €37.00, \$34.00 (paperback 90-420-0921-7).

Writing about a medical condition that no longer exists is difficult and strange, for the author has to conjure up a universe of

symptoms, sufferings, patients, and treatments that have no direct bearing on the readers of today in order to capture what was once a very real illness. All the contributors to *Cultures of neurasthenia* have done exactly that and more, producing a collection that is cutting-edge history of psychiatry and medicine. To the credit of the editors and contributors, there are virtually no major areas of medical historiography that are not used as lenses to interpret the set of symptoms that came under the broad heading of neurasthenia. In this collection, we see how the concept of neurasthenia was formulated by the American physician, George Beard, as an over-working of the nerves, leaving the patient tired, nervous, strung out, and headachy. We are treated to some of the precursors of nervous illnesses—especially the relationship between diet and nervousness. We are also shown how the disease was dispersed amongst psychiatrists before it disappeared from medical cosmology. These issues one expected. The true significance of this collection, however, derives from the other approaches employed. The authors of these chapters variously discuss the neurasthenic patients (where they can be identified); the treatments employed by different doctors; the wider dissemination of medical ideas about nervousness throughout the respective cultures in popular health advice, novels and advertisements for rest-cures; the different approaches to neurasthenia by practitioners in local settings (especially England, Germany and the Netherlands, but also France and America); the institutions where neurasthenia was treated; the debates between doctors over categories. A number of the chapters consider the resonances between some contemporary psychiatric issues and this transient condition. Exemplary attention is also paid to the broader ideas in the emerging field of psychiatry that framed discussions of neurasthenia (especially in Germany, where debates over the acquired versus congenital

nature of the illness developed and influenced treatment in different ways), and to wider contextual issues like gender, class, the state, and national culture. Indeed, the only historiographical approach not used to its full advantage is epidemiology, although, as the papers by Joachim Radkau and Marijke Gijswijt-Hofstra show, this is hardly a criticism. Epidemiological analysis is an impossible task because hospital records are so inconsistent and opaque.

Highlights of the collection include Sonu Shamdasani's analysis of Pierre Janet's attempts to establish psychasthenia as a psychiatric category complete with a dynamic treatment, and the opposition to Janet's efforts by other psychiatrists—of interest not least because far too much attention has been paid to Sigmund Freud, and many other psychiatric approaches were possible before mythopoeic reformulations of Freud's achievements took place. Christopher Forth and Hilary Marland each examine the way that gender was important in the treatment of neurasthenia in two very different ways. Doris Kaufmann and Volker Roelcke treat German psychiatric approaches to neurasthenia in exemplary ways, by showing how the concept should be related to existing German psychiatry. Nelleke Bakker's paper on child neurasthenia is particularly interesting.

To my mind, there are two oversights in the collection. First, a chapter on tropical neurasthenia would have been useful, as it is a topic much written about in travel advice literature as well as in tropical medicine texts. Second, it is curious that the papers dealing with Anglophone writing about neurasthenia (apart from Michael Neve's) do not address the vast literature on masturbation and spermatorrhoea, an important precursor to the neurasthenic diagnosis, even though some of the quotations in these papers, and some of the Continental chapters, do focus on this major problem. As diet and over-exertion were aetiological factors for nervousness, so

Book Reviews

was sexual strain caused by masturbation and by general sexual incontinence. Proper attention to this issue is lacking.

These two points notwithstanding, *Cultures of neurasthenia* is a great collection that deserves a wide readership and Gijswijt-Hofstra's introduction pulls the many themes together very well.

Ivan Crozier,
European College of
Liberal Arts,
Berlin

John P Wright and Paul Potter (eds),
*Psyche and soma: physicians and
metaphysicians on the mind-body problem
from Antiquity to the Enlightenment*, Oxford,
Clarendon Press, 2000, pp. xii, 298, £45.00
(hardback 0-19-823840-1).

As the introduction to this book states: "Few subjects have stimulated a more intensive intellectual interchange than the nature of the human soul and its relationship to the body" (p. 3). All thirteen chapters are published here for the first time. The first four examine the developing conceptualization of the soul and its relationship to the body as perceived by the Greeks. Much here is familiar but well presented. In the Hippocratic Corpus, as Beate Gundert notes, "the psychic is interpreted in terms of the body, its structures, and its processes, or not at all" (p. 35). However, as Tom Robinson remarks, in Plato we have "the first fully articulated account of the relationship between soul (*psychê*) and body (*sôma*)" (p. 37). Robinson summarizes how Plato dealt with the problem of "relating a physical substance to its immaterial one, and to the end he openly admits his bafflement" (p. 55). That bafflement would echo down the ages. Philip van der Eijk examines Aristotle's handling of dualism,

concluding that Aristotle might have posited the concept of *nous* to avoid "the apparently mechanistic and deterministic implications of this bio-medical approach to the soul" (p. 75). Heinrich von Staden summarizes Hellenistic theories of the soul and body, stressing the revolutionary impact of the anatomical and physiological advances of Herophilus and Erasistratus on Stoicism as well as Galen's debt. Theo Heckel cogently presents how St Paul tried to convince Platonizing Corinthians that the body is not merely a passive receptacle for the soul. Gareth Matthews examines Augustine's use of "for the first time, an argument for dualism that is essentially internalist" (p. 134). Renaissance theories are discussed by Emily Michael, where the discussion shifted to the question of the soul's immortality (p. 156), and the elaboration and separation of the extended, corporeal soul and the incorporeal, immortal mind (pp. 164–5).

As Stephen Voss notes in chapter 8, whilst for Aristotelians the study of the soul was part of the "science of nature", Descartes' groundbreaking step was to exclude the soul from the scope of physical enquiry (p. 176). The remaining five chapters deal with this Cartesian legacy. Thomas Lennon discusses how Pierre Bayle recorded and annotated the debate among materialists, Cartesians, and Leibnizian monadology. François Duchesneau examines the animism of Georg Stahl and his polemic with Leibniz. John Wright discusses two types of dualism in eighteenth-century medicine: "substance dualism", which held that body and soul consisted of different and incompatible substances, and "function dualism", which assigned thought functions to the soul (mind) and life functions to the body. These two groups were closer than they maintained. Roselyne Rey looks at vitalism in the second half of the eighteenth century. Instead of examining the ontological status of the soul, vitalists stated that the essential property of living matter was *sensibility*