

hardly more than a shadow." This sentimental view of death from tuberculosis reappears frequently in this monograph.

Dormandy has been influenced by René and Jean Dubos' widely-read and often cited book, *The white plague: tuberculosis, man and society*. Although Dormandy's book is longer and more comprehensive, some of the stories of dying consumptives will be familiar to those who have read *The white plague*. Like his predecessors, Dormandy conflates literature and art with reality, equating the image or metaphor of a creative person with tuberculosis with an actual encounter with disease. This strategy allows him to maintain a peculiar perspective on the disease and the experiences of the sick. Dormandy insists that an arcane and long discredited phenomena known in the nineteenth century as *spes phthisica* "the hope of the tuberculous" is essential for understanding the impact of the disease on the patient. "Illnesses", he maintains, "have their personalities in much the same way as nationalities and historic periods, impossible to define, but once experienced, instantly recognizable. . . . They imprint themselves on all those with whom they come into contact." *Spes phthisica*, he argues, has given all those who contracted tuberculosis throughout history, "a will to fight in this world and a will to create in this world." This "unbreakable thread", he contends, "is woven into the history of the White Death."

This perspective at once explains Dormandy's decision to focus on creative individuals. It also explains why he paid so little attention to the current historiography. Dormandy has read many of the important monographs that historians have written on tuberculosis over the past decade, he does acknowledge that the disease disproportionately struck the poor and vulnerable. So too, his book pays little attention to time, space, gender, or race. It also pays little attention to critical moments of change in treatment or the relationships between physicians and patients. Although

he cites several historical studies that discuss the political and economic impetus that underlay the sanatorium movement, he sums up its origins in Britain by reporting on a visit to Germany by two prominent Englishmen, the Duke of Cambridge and Dr Munro. Dormandy prints a lengthy quotation that describes their impressions of the treatment at Nordrach and then comments: "It is difficult to say how far the Duke of Cambridge or Dr. Munro were personally responsible for the sanatorium idea catching on in Britain; but catch on it did." Here, as elsewhere, Dormandy ignores the pain and suffering that marked the last stages of the disease as well as the stigma that accompanied contracting a contagious disease associated with dirt and poverty or being forced to go to a sanatorium for an indefinite period.

In sum, this book is a throwback to an earlier approach to the history of disease, one which has been superseded and made more complicated by new historiography. René and Jean Dubos' book may still be read with some interest but their imitators do not warrant this attention.

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R Ian McCallum, *Antimony in medical history: an account of the medical uses of antimony and its compounds since early times to the present*, Bishop Auckland and Edinburgh, Pentland Press, 1999, pp. xvi, 125, illus., £15.00 (1-85821-642-7).

Antimony has played a role in medicine throughout most of recorded history: the Assyrians used it to treat diseases of the urinary system, while the Ebers Papyrus (c. 1550 BC) advocated it as a remedy for a variety of ailments. In Europe it first gained attention through the writings of John of Rupescissa (c. 1300–c. 1365), whose *De consideratione quintae essentiae* marked "the

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beginning of a spectacular career for antimony in chemistry and medicine” (p. 14). The internal use of antimony and its compounds was most widespread during the seventeenth century: despite periodic warnings about its poisonous nature, its apparent ability to expel undesirable humours from the body—by promoting sweating, vomiting and purging—ensured its acceptance in medical practice, particularly as an alternative to bloodletting. Medical use declined during the eighteenth and nineteenth centuries, and antimony is now found mainly in industry.

This volume is organized chronologically, and brings the medical history of antimony up-to-date by noting its use in homoeopathy, its importance to the followers of Rudolf Steiner’s anthroposophical medicine, and the controversy that arose in the 1990s when it was suspected as a possible cause of cot deaths. The only currently accepted role for antimony in medicine is as a treatment for some tropical diseases. The book, which is richly illustrated, concludes with a useful list of antimony preparations used in medicine from the early modern period to the nineteenth century, and an appendix lists nearly a hundred antimony ores.

The author is a physician and expert on occupational health who has long been involved with the antimony processing industry, where his interest in the history of antimony in medicine began. Many aspects of this history are considered, most rather briefly (references to it in drama and literature; use in veterinary medicine; the persistent religious element in its medicinal use), and some in more depth (antimony cups; the importance of antimony in alchemy). However, this book is an expanded version of a lecture given in 1983, and the bibliography tends to reflect that fact: there is an admirable focus on primary sources, but there are very few references drawn from recent scholarship in the history of medicine and science.

This slim volume serves as a good

introduction to its subject matter; it also points to historical aspects of the use of antimony in medicine that merit closer study.

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Dominik Wujastyk, *The roots of āyurveda: selections from Sanskrit medical writings*, New Delhi, Penguin Books (India), 1998, pp. xvi, 389, Rs 250 (0-14-043680-4).

Āyurveda, “the knowledge or science for longevity” of the Hindus, is the most widely practised of the various medical systems that make up “Indian” medicine in India today, and it is now established as part of complementary medicine in the rest of the world. Written in Sanskrit, the cultural language of the Hindus, the oldest surviving texts are tentatively dated 200 BC–AD 200. From the very large number of manuscripts available, Wujastyk has selected passages from six authors, ranging in date from the earliest times to AD 1300, to illustrate a holistic system of a regimen and ethical advice for healthy living, adapted to the individual’s constitution, his surroundings and the seasons, combined with the diagnosis and treatment of disease. His book carries a warning that the remedies described are for the purposes of study, and they are not to be put into practice.

The basic doctrines of āyurveda have come down through two main schools: that of Caraka mainly concerned with internal medicine, and that of Suśruta, who covers internal medicine, but adds large sections on the teaching and practice of surgery. Previous authors, and the classical texts themselves, have traced the origins of āyurveda to the Vedic literature. But Wujastyk points out that, although there are similarities, the Vedic texts are primarily religious, and only partly medical. He stresses the links of āyurveda with