

Dr Duncan MacGregor, was well placed to influence surgical practice is also off the mark. MacGregor was originally brought to the colony as professor of mental and moral philosophy and his principal interest was in curbing welfare dependency. The authors state “[w]ho knows whether the emigrants dreamed of returning home?” (p. 271), but many returned more than once to the UK for further education, to visit family, or to seek medical attention.

I also have reservations about the methodology. The desire to start with a neat sample of 1,000 students from each university means that 64 per cent of the Glasgow cohort were not Lister’s men at all, since he left the city before they began study. The 1866 start date also excludes some 1860s Glasgow graduates, such as Rutherford Ryley (New Zealand) and Archibald Malloch (Canada), who were among the first to use Listerian techniques in the colonies. Capturing addresses only every five years, and an over-dependence on the unreliable *Medical Directory*, also introduces doubts about the accuracy of the core data.

With such a large cast, the failure properly to introduce some characters (for example, Scot Skirving who is referred to on several occasions) is understandable. One startling omission from the list of students who became eminent surgeons is that of William Macewen, who does not even feature in the index—which is deficient in many regards—although he is mentioned in passing on pp.120, 200 and 119, where he is named as one of those who “who made their names without his [Lister’s] assistance”. Yet Macewen himself, who filled the Glasgow chair of surgery, claimed in 1923 that he had encouraged Lister at a time when the latter doubted the way forward.

Eyebrows will also be raised at the attempt to link Lister and David Livingstone as “the two great medical heroes of the Victorian period” (pp. 101, 121). Livingstone’s reputation was built on his role as an explorer and exponent of commerce and Christianity, and no obituary appeared in any of the medical journals when he died in 1873.

Despite these caveats, the authors have succeeded admirably in their aim “that a

computer-aided analysis of a large cohort of medical students would offer insights into the experiences of the profession different from more selective sources” (p. 372).

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**Anne Borsay and Peter Shapely** (eds), *Medicine, charity and mutual aid: the consumption of health and welfare in Britain, c.1550–1950*, Historical Urban Studies, Aldershot and Burlington, VT, Ashgate, 2007, pp. x, 269, £60.00, \$99.95 (hardback 978-0-7546-5148-2).

The principal purpose of the book is to focus on the consumption of medical and social care, charitable assistance, poor relief and mutual aid—specifically to try to give a voice to the users of such services. These twelve case studies form rather a rag-bag of a collection—with broad overviews of educational provision for deaf children sitting alongside accounts of cathedral almsmen; kinship in early modern England; the impact of the enclosure movement on the poor’s allotment rights; a nineteenth-century private mental health sanatorium, and the Co-operative Men’s Guild’s preoccupation with social activities in the early twentieth century (to name the most unusual themes). The chapters are arranged in a broad chronological fashion following a brief introductory discussion on potential linking themes, especially those of trust, voices and negotiated relationships. Very few people, apart probably from reviewers, will read this book from cover to cover. Those that do not will miss some striking similarities and discontinuities, which the editors leave readers to discover for themselves.

Yet by consciously looking for the patient/client voice, it is possible usefully to balance some of the more traditional institutional and professional histories. Stuart Hogarth exploits one of the best examples of nineteenth-century patient autobiography—that of Joseph Townend at the Manchester Infirmary in 1827. This chapter is a joy to read, and with his fine analysis

of the historiography of history of medicine and wider modern British history, will easily earn its place on undergraduate reading lists. Flurin Condrau provides a useful wide-ranging essay on defining “medical success” for tuberculosis patients in British and German sanatoria. The chapter by Pat Starkey examines strategies used by social workers in the post-1945 period to re-voice the “client”. She urges us to consider how interview questions were framed and the responses re-interpreted, and raises pertinent issues on the methodologies required to produce patient-centred history, especially the “decadence of transcription” of interview tapes.

As well as exploiting individual case studies, there are also chapters that imaginatively use groups of patients to address the theme of negotiated relationships. Andrea Tanner uses statistics from Great Ormond Street Children’s Hospital to speculate on how parents calculated the wider costs and benefits of accepting in-patient treatment for their children, and Barry Doyle unpicks the tangled relationships between working men’s organizations and institutional authorities in the provision of hospital care in Middlesbrough in the early twentieth century. Some chapters, such as that by Jonathan Reinartz on Birmingham’s charitable hospitals veer towards the provision of health care, and in fact his chapter in Martin Gorsky and Sally Sheard’s book *Financing British medicine since 1750* might be seen as more successful in articulating the individual patient’s perspective than the one he produces here.

This book is full of interesting digressions and anecdotal history. The editorial touch appears to have been too light in some places, and the potentially unifying urban theme has not always been rigorously applied. One would also have liked to see some discussion on how this volume, with its explicit mission to “voice” the “consumption” of charity, health care and mutual aid can be integrated into other, more established, research themes and methodologies.

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**John Iliffe,** *The African AIDS epidemic: a history*, Oxford, James Currey, 2006, pp. ix, 214, £45.00 (hardback 0-85255-891-0), £14.95 (paperback 0-85255-890-2).

Historians and interdisciplinary social scientists faced with the task of explaining the HIV/AIDS epidemic to their students can only be grateful to one of the most distinguished Africanist historians, John Iliffe, for his “introduction” to the history of HIV/AIDS in Africa. The sheer volume of publications in the scientific and non-scientific literature, not to mention the “grey” literature of countries, international agencies, non-governmental agencies, is so immense that to any student beginning a research project on HIV/AIDS in Africa, the search for evidence is overwhelming. Professor Iliffe’s book is far more comprehensive than an introduction, and yet historians would agree with him in his statement that the full history of HIV/AIDS cannot yet be written. Much of Africa faces this epidemic in its multiple forms, and historians can outline only the contours of its development, maturity and effects at this point in time.

Why a history of the AIDS epidemic in Africa? Iliffe responds by addressing two distinguishing and interrelated features—the breadth of population targets and the massive, if localized, scale. For Africans, AIDS is a family disease. Those infected and affected include women and men, mothers and fathers, children, caregivers, extended families. The scale of the epidemic (Iliffe reports the 2004 figures that Africa had 90 per cent of the world’s HIV-positive children) is almost immeasurable. With the advent in the early 1990s of antiretrovirals for management and treatment, AIDS has become a “chronic disease” increasing the number of those requiring community or palliative care and the number of HIV-infected children, many of whom have become HIV-infected orphans. For all concerned with the epidemic, these challenges are well known.

What then are the contributions of this book? Why should a student or researcher interested in the African contexts start here? Only an Africanist historian of breadth and experience