

well catalogued here. When Smith is remembered outside the scientific disciplines in which he worked it is for his studies of Texas (Southern) cattle fever. Salmon also worked on this. Smith, however, it is (in the US) who is accorded the honour of discovering the protozoan parasite, *Babesia*, named after the Romanian Victor Babes, with whom priority questions also arose. Smith also described the role of ticks in the fever's transmission. After Washington, Smith gained (and declined) a number of illustrious positions. He was Professor of Comparative Pathology at Harvard and turned down the directorship of the Rockefeller Institute in 1901.

What makes Smith's academic career so interesting is that he lived through and contributed to bacteriology's "golden age", roughly 1880–1900. But then he did the same for the later period (he died in 1934) when bacteriologists began to doubt whether identification of seemingly immutable pathogenic agents was all there was to their subject. In the early twentieth century problems of host immunity began to be investigated. The soil, as it was said, was as important as the seed. The chemical constitution of bacteria also began to be investigated.

These and other shifts can be seen simply by scanning Smith's massive chronological bibliography, meticulously compiled here. This whole volume, with its impeccable footnoting, is a monument to thorough scholarship. It chronicles in detail not only Smith's scientific life but also his domestic one. Any criticism seems churlish but I was a little "Smithed out" by the detail at times. I could have become a tree expert without much knowledge of woods. Even deep in the arboretum, however, strange species suddenly appeared. On a trip to Britain, Smith recorded: "Englishmen! About half resemble Col. Hopkins [who?] and the rest are an indescribable mixture. The women seem to dress very dowdily" (p.163).

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Katherine Angel, Edgar Jones and Michael Neve (eds), *European psychiatry on the eve of war: Aubrey Lewis, the Maudsley Hospital and the Rockefeller Foundation in the 1930s*, Medical History, Supplement No 22, London, Wellcome Trust Centre for the History of Medicine at University College London, 2003, pp. 195, illus, £32.00, US\$50.00 (hardback 0-85484-092-3).

This book is a real treat, a rare opportunity to grasp the realities of psychiatry in Europe between the two world wars, a period which according to the editors deserves far more attention than it actually receives. And indeed this journey in the European medical world is quite telling. In addition it provides the reader with the concrete illustration of what historians have suspected: the fundamental role played by the Rockefeller Foundation in support of psychiatric institutions and research projects in the field of mental health, which could be seen as something comparable to a "Marshall plan".

The "plat de resistance" is an archive jewel, Aubrey Lewis's report on his visit to psychiatric centres in Europe in 1937. The famous Australian born psychiatrist is a good read. His text mixes serious considerations and funny anecdotes, thorough descriptions and stern judgements.

But the asset of this publication lies in its valuable historical contextualization. Edgar Jones's essay provides a precise and pertinent background to an understanding of the complex situation of psychiatry where no major theories dominate but where prominent figures are none the less influential sometimes outside their borders. His detailed rendering of the main protagonists' careers—Edward Mapother (1881–1940) and Aubrey Lewis (1900–1975)—their institution—the Maudsley Hospital—and the networks they established, is essential. Katherine Angel's paper contributes to the elucidation of the motivation behind the Maudsley–Rockefeller initiative. She brilliantly demonstrates that the drive for the European tour was not just simply intellectual curiosity but that it served a double

purpose: first, to come up with a united definition of psychiatry and its practices; second, to appraise British psychiatry and the role of the Maudsley as compared to its continental counterparts, notably the German model which was still a reference in the 1930s.

Both contributors display a genuine sense of history in their analysis of Lewis's report, and their comments open up a number of new perspectives. One of them is the dissemination of ideas and the constitution of networks of individuals as one means of power. This was achieved by way of comparative historical analysis, an approach which needs to be developed among historians of psychiatry and the value of which is plainly illuminated in this publication.

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Liborio Dibattista, *Jean Martin Charcot e la lingua della neurologia*, with CD ROM, Collana di storia della scienza, Bari, Cacucci, pp. 320, €28.00 (paperback 88-8422-256-7).

This work studies the birth of clinical neurology as a medical specialization in relation to Jean Martin Charcot (1825–93). Charcot is presented as the founder of French neurology, and not as the Charcot popularized for his work on hypnotism and hysteria—work which inspired and characterized even the literary fiction of his time. The study of the language used by Charcot holds a privileged place in Dibattista's book. Liborio Dibattista, a clinical pathologist with a second degree in philosophy and a PhD in history of science, aims—with the support of computational linguistics—to demonstrate how crucial Charcot's work was to the formation of neurology.

In particular, Dibattista analyses a technical and specific language in the neurological domain, using computational and linguistic tools applied to Charcot's *Oeuvres complètes*, (1873, 1877, 1887); G B A Duchenne de Boulogne's (1806–75), *L'électrisation localisée et de son application à la pathologie et à la thérapeutique* (1855), and Jules Dejerine's (1849–1917) *Sémiologie des affections du système nerveux*

(1899). Dibattista uses INTEX, a software package produced by LADL (Laboratoire d'Automatique Documentaire et Linguistique) at the Université de Marne-la-Vallée. Most interesting is his analysis of “ambiguous terms” not recognized by INTEX. These lexical items are not acknowledged in the neurology specific lexicon, because they refer to certain syndromes and diseases later rejected by modern medicine. These terms can be presented as an example of “*l'histoire périmée*” of Charcot's work—as demonstrated by, for instance, the lifetime of attention he devoted to the ovaries doctrine, which is characterized by its rich linguistic vocabulary and then discarded by neurology. Despite the use of computational technologies, Dibattista's work is driven by a historian's approach rather than a lexicographer's. In fact, he pays particular attention to chronology and background, and provides a context of French neurology.

Dibattista's intention is to illustrate the value of a computational and linguistic approach for scientific “corpora” to show and study originality and linguistic “emergences” in relation to fundamental and conceptual “nuclei” in Charcot's work. However, by applying his medical knowledge rigorously to the history of medicine, Dibattista produces better results than by using computational linguistics. More interesting than his use of computational linguistics is, indeed, how he analyses the growth of Charcot's neurological studies—his method and the subsequent changes in the concepts of French clinical neurology. When Dibattista uses his medical background to clarify these changes in the history of medical ideas, we can appreciate his expert analysis. In this sense a computational linguistic approach is useful for Dibattista because he knows how to interpret data in a specialized medical language. In the case of this experimental and original book, technological tools tell us something about the history of medicine, because Dibattista makes them speak. At the end, technological devices are just an additional support for his studies and cannot be objective in the hands of any historian.