

your eyes. The Elephant Man (Joseph Merrick) may have had a hard time of it in the freak show trade from which Treves 'rescued' him, but he at least had the camaraderie of his fellow freaks, a degree of privacy, and the dignity of earning his own income. It was a different story in 'the elephant house' in the London Hospital (as it was popularly known in the medical culture of the 1880s): he was not only transformed into a piteous subject of Victorian philanthropy, but made a spectacle for the prying, prurient eyes of doctors and their friends, with no modesty spared. Treves frequently photographed Merrick in the nude and made his life sufficiently unbearable that Merrick willingly delivered himself to the workhouse and, after once again being captured by Treves, took his life in despair. Of course, from at least as far back as the sixteenth century, the 'spectacle of deformity' was as much within medical as it was in popular culture – think of the collecting and display of 'anomalous' body parts undertaken by John Hunter in the late eighteenth century; but in the nineteenth century it was increasingly in that context – with the 'objects' alive, rather than stuffed or pickled – that it found legitimacy. By the mid-twentieth century, with virtually all culture medicalised, it was in the medical arena alone that it survived: as one of Durbach's sources suggests, the freak show that so benefited the medical profession, may have met its decline through the very act of appropriating its wares.

However, Durbach's study is far from tending to the naïve view that doctors themselves make their own culture; as her other chapters also submit – albeit less with regard specifically to the culture of medicine – what the history of the freak show revealingly illuminates is the production, reproduction, and negotiation of dominant values and epistemology in relation to wider socioeconomic and political change. This surely is no less with regard to exhibiting freaks historically – as the epitome of the study of the Other – although on this and how it has served our own self-fashioning culture

of ostensible self-fashioners, the *Spectacle of Deformity* remains silent.

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**Thomas Schlich,** *The Origins of Organ Transplantation: Surgery and Laboratory Science, 1880–1930*, Rochester Studies in Medical History, Volume 18 (Rochester: University of Rochester Press, 2010), pp. x + 355, £45.00, hardback, ISBN: 978-1-58046-353-9.

Thomas Schlich starts his *Origins of Organ Transplantation, Surgery and Laboratory Science, 1880–1930* with a critique of the historiography of this surgical field. He notes that while the first transplant surgeons had been initially well aware of the novelty of their practices and concepts, they soon forgot these were new. Moreover, he argues that the historiography of organ replacement has since de-historicised, perhaps not the actual practice, but certainly the concept. The prevailing perception, so he shows, blends ahistoricity with sentimentalism. It regards the idea of organ transplantation as one of mankind's ancient dreams, a medical development awaited for centuries, a timeless and spaceless logic. Schlich rightly rejects this perception: he notes that most accounts were written by transplant surgeons who had had no training in historical methodology. But he equally criticises the few historians who did tackle the subject for embracing the conceptual basis of modern transplant surgery as an unproblematic given. Nevertheless, he does not regard the ahistorical perception of organ transplantation as a simple product of ignorance, mistake or negligence; rather, he points at its ideological function: promoting transplant surgery (perhaps against the backdrop of its early failure to deliver on its promise).

Schlich's intention is to re-historicise organ transplantation. The fact that he starts with a critique of the existing historiography is only

the first step in that direction. (Since every enterprise develops in correspondence with its social, including historical, representations, no serious history can ignore the latter.) But Schlich does not purport to produce a comprehensive history of the topic. On the contrary, he only explores the first phase of its history; and even there, he focuses largely on the history of the *concept* of organ transplantation. In this respect he makes a general point, which is developed over thirteen chapters: as a concept, organ transplantation is an *invention* that emerged between 1880 and 1930 under particular epistemological, technological and social circumstances, but also transformed them beyond recognition.

Schlich traces the invention of organ transplantation to research on the thyroid gland when, in 1882, organ tissue was used by the Swiss physician Theodor Kocher to treat an internal disease for the first time. He argues that the thyroid experiments gave rise to the general concept of organ failure, and subsequently, to the general concept of organ replacement. While they served as the paradigmatic foundation for all organ replacements to come, they also forced medicine to reframe its traditional pathological categories and produce new disease entities. In short, they gave rise to a totally new conception: *specific organ failure generates a specific disease, which could, in principle, be cured by organ transplantation*. Gonadal gland transplants – testicles or ovaries – were the only exception to this rule, as they were used to treat unspecified physical and mental disorders. Interestingly, these procedures eventually lost scientific credibility because of their non-specificity (they could define neither success nor failure). Still, they sparked a long-lasting scientific interest in internal secretions, which was not only the point of departure for the new field of endocrinology, but also provided further incentive for organ transplantation.

This conceptual development, Schlich argues, took place within the paradigm of experimental physiology. The physiology-oriented medicine was pursued in the research

university, an institution that organised research around the goal of knowledge production, and did so through funding and competition. In this context, medicine became increasingly technological, abandoning its traditional contextual approach to the patient in favour of aggressive interventions with measurable success rates. In addition to this context, transplantation also owes its first steps to the social values of the time. Gonadal transplants, for example, were based on the prevailing gender-specific expectations (in this respect, organ transplantation turns out to be a clear instance of medicalisation). The development of organ transplantation in correspondence with social values also created tensions that required the mediation of ethics. These are discussed in a separate chapter.

In subsequent chapters, Schlich describes and analyses the scientific–clinical limitations underlying the increasing pessimism as to the applicability of the concept and the ultimate decline of organ transplantation between 1930 and 1945. In the final chapter, he discusses the possibility of links between the first historical phase of organ transplantation and the revival of the enterprise after World War II. He argues convincingly that since all historical phenomena are products of contingent, that is to say not logically necessary, conditions, the revival of organ transplantation may turn out to have no links with the past. Nevertheless, Schlich assigns great significance to the fact that the very principle of organ transplantation has not been abandoned. To be more specific, he contends that the conceptual continuity indicates that the early history of organ transplantation is vital for the understanding of the field as we know it now. Of course, his position on this matter complies with our intuition. However, it seems to be counterproductive as far as his own research trajectory is concerned. A plausible account of any historical phenomenon, including organ transplantation, must rest on the premises of Karl Marx ('Human anatomy contains a key to the anatomy of the ape' [*Grundrisse*, 1857]) and Oscar Wilde ('The one duty we owe to

history is to re-write it' [*The Critic as an Artist*, 1891]), or even the apocryphal answer of the Chinese leader Zhou Enlai (when asked in 1971 what he thought of the French Revolution of 1789, he answered, 'It is too soon to say'). It is not the past that makes sense of the present, but rather the other way around. Indeed, if we read this book through the perspective of the current stage of the field, we are likely to discover that many vectors that are now shaping its agenda and representations already existed as fresh buds in the 1880s.

*The Origins of Organ Transplantation* addresses those who have interest in the history of ideas in general and of medical ideas in particular. Of course, it also concerns those who are interested in the history of surgery and transplantation. It is well written, amply illustrated and interesting. Above all, it makes a timely contribution to the historiography of organ transplantation, a contribution that is unfortunately somewhat belittled by the author's failure to notice and refer to Nicholas Tilney's not-so-recent book that deals with pretty much the same issues and makes very similar sociological observations – Nicholas L. Tilney, *Transplant: From Myth to Reality* (New Haven, MA: Yale University Press, 2003).

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**Daniel E. Bender**, *American Abyss: Savagery and Civilization in the Age of Industry* (Ithaca, NY: Cornell University Press, 2009), pp. x + 328, £26.95/\$39.95, hardback, ISBN: 978-0-8014-4598-9.

According to Raymond Williams, 'There are two main senses of *industry*: (i) the human quality of sustained application or effort; (ii) an institution or set of institutions for production or trade. The two senses are neatly divided by their modern adjectives *industrious* and *industrial*.' The perceived relation of these

two senses might be seen to frame Daniel Bender's wide-ranging study of American attitudes to progress in the years around 1900, for which industry is thus a keyword. In the thought of those examined, the degree of a society's industry was taken to be a measure of its civilisation. In the spirit of the late nineteenth century, industry came to be historicised; it was understood as a historical phenomenon with a story – of its past – to be told. The main contention of *American Abyss* is that these histories of industrial civilisation were written primarily in the language of biology and, in particular, of evolution. American practitioners of the new disciplines of sociology and economics employed biologicistic structures of thought to read early human history back through the lenses of industry and immigration.

In prehistory, migration had been an engine of natural selection that pitted races against each other as well as the environment, but modern travel had become too easy to play its natural selective function any longer, and so immigration was to be discouraged. The flourishing of non-whites in urban America portended 'race suicide', a risk adumbrated by an appeal to European theories of degeneration, according to which evolution could begin moving in reverse given the right (or wrong) circumstances. The blame for degeneration was widely placed at the door of women, the middle classes and others, but radical critics sought to question the eugenic consensus by celebrating the figure of the tramp and recasting the rich as truly degenerate.

Bender is extremely successful in his search for traces of degeneration theory across a vast range of settings in American life *circa* 1900: from discussions of urban regeneration, social reform, women's (and children's) work, to slum surveys, hygiene and segregation, as well as settlement movements and beautiful baby contests, and so this book represents a vast amount of primary research. The evidence amassed for a widespread belief in the existence of some connection between race, savagery and civilisation, both in domestic and