

contexts. The Suzukis provide an engaging piece on the endurance of older treatments and theories of cholera after the (mythical) medical modernization of Japan in 1872. The continued existence of older emphases on dietary regimen in the treatment and prevention of cholera alongside newly imported modern western theories were, the Suzukis argue, directly related to wider politics of consumerism in Japan. Similarly, John Manton's chapter, although based upon an extremely specific study of the Roman Catholic Leprosy Mission at Ogoja in Nigeria, makes an interesting larger interpretative point about the role of medical modernizing dialogues on the reconfiguration of other (fiscal, political, social, religious, ethnic) policies within Nigeria. Both chapters clearly show the power of medicine beyond the medical in configuring the wider local landscape and as such are important contributions to the field.

This is a thought-provoking and timely collection that provides an opportunity to reevaluate our western-dominated assumptions. While I did not feel that all the chapters completely embraced a post-colonial vision of non-western interaction with western medicine, such as Ebrahimnejad presents in his introduction, many of the case studies still say something fresh and interesting about the temporal and geographic heterogeneity of moving medical knowledge.

Anna Crozier,
University of Exeter

Margaret Marsh and Wanda Ronner, *The fertility doctor: John Rock and the reproductive revolution*, Baltimore, Johns Hopkins University Press, 2008, pp. 374, £16.00, \$29.95 (hardback 978-0-8018-9001-7).

Today reproductive medicine has become an important component of health care in the developed world. Whether it be an infertile woman desperate to have a baby or a woman looking for a means to prevent conception,

reproductive medicine has the potential to help whether it be in the form of *in vitro* fertilization or an oral contraceptive pill. The power of medicine to aid these women, however, is relatively recent. As this engaging and methodically researched biographical book by Marsh and Ronner points out, many of the reproductive tools available today stem from the work of one individual: John Rock. Rock's work was not confined to women. He had a deep interest in male infertility, setting up one of the earliest separate infertility clinics for men in 1949, and was one of the first to explore the possibilities of developing a male contraceptive pill.

Using the previously unavailable personal papers of John Rock, Marsh and Ronner provide a goldmine of information about a man whose life and work not only touched the lives of thousands of people but helped to transform social, political and religious attitudes to fertility and contraception. Starting at a time when reproductive medicine was barely recognized as a specialism, this biography provides an important reminder of the personal challenges pioneers face in developing new medical fields. While inundated with patients, Rock struggled to raise money and recognition for his work and his clinics, and was frequently penniless himself.

The son of second-generation Catholic Irish American parents, Rock started his working life as a timekeeper on a banana plantation for the United Fruit Company in Guatemala. Sent originally to the country by his businessman father, Rock's experiences there had a profound impact on his future career. Moved by the awful conditions which he witnessed among the fruit cutters, and miserable about his overall inability to change their dire circumstances, Rock realized his true vocation lay not in business, as his father had hoped, but in medicine. His interest in medicine was sparked by the friendship he had begun in Guatemala with Neil McPhail, a medical expert in tropical diseases.

What stands out in this biography is the profound empathy Rock showed for the plight

of his patients and his desire to provide the best medical care possible. This is a far cry from the unethical practice many feminist writers ascribed to Rock during the 1970s and 1980s. When treating infertile women with new drugs, for example, Rock would check for adverse reactions by first trying the compounds on himself. Initially fearful about possible side effects of the contraceptive pill, Rock also took great precautions when launching its first clinical trials, determined that his patients should not be exploited. Strikingly, Rock's meticulous monitoring of participants in the first oral contraceptive clinical trials infuriated and frustrated Katharine McCormick, the chief feminist funder of the development of the pill, who viewed such steps as unnecessarily laborious and time-consuming. Only once the pill had passed many hurdles of safety and trial would Rock become an enthusiastic supporter, and indeed promoter, of the contraceptive.

This biography of Rock provides detailed insight into the difficult challenges a doctor faced in pushing at the boundaries of reproductive health on the medical front as well as on the wider cultural, social and religious front. As both a Catholic and a doctor, Rock played a significant role in trying to change the Catholic Church's stand on contraception. While failing to win the Pope's approval of the contraceptive pill, Rock's work helped millions of Catholic couples around the world to justify the use of contraception to their consciences and to each other, and paved the way for new meanings of sexuality and parenthood.

Lara Marks,
Cambridge University

Ann Shaw and Carole Reeves (eds), *The children of Craig-y-nos: life in a Welsh tuberculosis sanatorium, 1922–1959*, London, Wellcome Trust Centre for the History of Medicine at UCL, 2009, pp. v, 149, 184 illus., £9.99 (paperback 978-0-85484-126-4).

Interest in the history of tuberculosis has been apparent for many years, although the history of childhood tuberculosis has rather lagged behind. Books on this area have concentrated on pre-tubercular children rather than those in sanatoria with active tuberculosis. Reeves and Shaw are therefore part of a small group that considers the tubercular child, and their work is a very welcome addition. The size of the project alone is noteworthy, with the book including interviews and photographs from over ninety people who were patients or staff at Craig-y-nos.

The book is organized chronologically with an introduction by Reeves and Shaw for each decade and then oral history accounts and photographs portraying life in Craig-y-nos sanatorium. This places the institution and the oral history interviews in the context of the history of tuberculosis nationally. The concentration on one sanatorium and four decades allows great detail, with interviewees describing the minutiae of institutional life. Topics covered include relationships between patients, staff and their families. Punishment, hospital food, treatment and entertainment also loom large.

Because this work began as a community project it may have led to each named interview being printed whole and not split thematically. This has both a positive and a negative impact on the finished work. On the positive side the voice of the interviewee comes across strongly and, together with the photographs, the reader can really imagine the experience. Presumably, it also led to increased satisfaction for the interviewees who could easily recognize their own contribution. However, some thematic study of the interviews would also have been useful. The present format makes it difficult to compare, for example, the response of a number of the interviewees about topics such as hospital schooling, punishment, or the advent of streptomycin.

The use of a "blog" format at the start of the project influences the work in a number of ways. It means that many interviewees had the