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programmes have conferred the most benefit. In Papua New Guinea, as elsewhere, community health is determined by the quality of living and working conditions. Medical technology has been marginal to the historical advance of people's health.

Besides the key concepts of tropical medicine, eradication campaigns, and primary health care, Denoon ably discusses significant subjects like medical education, the vicissitudes of health education, the neglect of women's health, and the evolution of a national health care system. In the final chapter, he takes up the difficult matter of explanation. How are we to account for the changes in policy in the century between 1884 and 1984?

He identifies various explanatory devices used hitherto to account for policy change: the influence of "great doctors"; the impact of international medical ideas and strategies; the needs of capitalist interests, and of the colonial state. But each has its limitations. Even as policy-makers, "great doctors" like Cilento or, later, Gunther were constrained by finance and public attitudes. Programmes were never simply local expressions of international health strategies *inter alia* because sufficient funds were never available. While services were provided for capitalist enterprises (for example, the labour forces on plantations), strategic concerns seem to have been more important than economic exploitation to the colonial power. In fact, as Denoon points out, all these factors can be shown to have shaped health policy. Medical administrators influenced policy as did ideas emanating from the international medical community. Colonial economic development and Australian political objectives impacted on policy. In his concise and very readable study, Donald Denoon thus confronts the complexity of the causal matrix determining health policy. He also contributes to our historical knowledge of the strengths and weaknesses of "imperial" medicine in the tropics.

\*Denoon's important point about the ideological nature of tropical medicine is, of course, not new. See M. Worboys's articles, 'The emergence of tropical medicine: a study in the establishment of a scientific speciality', in G. Lemaine et al., (eds.), *Perspectives on the emergence of scientific disciplines*, The Hague, Mouton, 1976, pp. 75–98; and 'Manson, Ross and colonial medical policy: tropical medicine in London and Liverpool, 1899–1914', in R. MacLeod and M. Lewis (eds.), *Disease, medicine and empire*, London, Routledge, 1988, pp. 21–37.

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MICHAEL SHORTLAND, *Medicine and film: a checklist, survey and research resource*, Research Publications 9, Oxford, Wellcome Unit for the History of Medicine, 1989, 4to, pp. viii, 56, illus., £6.95, (paperback).

*Medicine and Film* will be of use to historians concerned with the artistic representation and popular perception of the medical profession in the twentieth century. It gives helpful advice about relevant films to see, and how to see them (on video; by hiring them on 16mm; or by viewing them at the British Film Institute or the Motion Picture Division of the Library of Congress). The bibliography makes suggestions which should assist those unfamiliar with the history of the cinema to make some first steps towards including film in their researches. Michael Shortland is something of a pioneer in this field, as his bibliography indicates.

There are however a number of reservations to be entertained about *Medicine and Film*. Shortland assumes that the study of film will be relevant to the work of the medical historian—an assumption which, even if correct, needs to be justified and qualified in a work which sets out to remedy what it views as a disabling lack. Shortland is no doubt right to say that the unfamiliarity of film archives as research territory for library-trained academics is one reason for the comparative neglect of his subject; and he is surely right to think the neglect due as well to a snobbish British reluctance to treat the cinema as a serious form.

He does not, though, take enough account of another, more respectable reason: the extreme complexity of the still-developing medium, a complexity which has kept mainstream film criticism from going beyond the basics of plot-summary and broadly sociological comment. In the field of books, literary critics are often suspicious of those historians who come briskly up

to complex literary texts to exploit them as evidence, without feeling the need of reflecting on the special codes and conditions of meaning which distinguish literary from historical documents. Others suggest more radically that “factual”, “historical” documents may require literary-critical skills for their proper interpretation. The problems of writing and thinking about films are even more acute, because of (for instance) the novelty and variety of the form, the puzzle of multiple authorship, and the uneasy combination of artistic and commercial impulses which go into film production: there is even less consensus about how films are to be “read” than there is about the “reading” of books in the area of literary studies.

Shortland seems to wish to take a neutral position in regard to these critical controversies, but his manner of writing cannot be taken as without critical implication. His short summaries of the films retell the stories (often jokily, obscuring the original tone) and make confident value-judgements, which sometimes ring falsely. The strange and disturbing *The Hanging Tree* (1959), for example, by the considerable director Delmer Daves, is described as a “low-grade Western”; but even if Shortland dislikes it, he should grant that Gary Cooper, who plays a mysterious doctor, was still a major star when it was made. It is also symptomatic of Shortland’s approach that the name of Delmer Daves does not appear in the entry: he gives the names of actors, writers, producers, directors, composers or cinematographers only in cases where, *he* judges, “they were important ingredients in the character or success of a film” (which turns out to be pretty rarely). This compromises the usefulness of the checklist as a reference guide, veiling in anonymity, and under a uselessly brief synopsis, many works which well-informed followers of film would otherwise have some clue about.

Shortland has made some category decisions which do not improve matters. For a start, the films included are all English or American, which means there is no approach to a comparative sense of the representation of medical matters in Anglo-Saxon culture as against that of the rest of the world. We therefore do not have, for instance, Bergman’s *Wild Strawberries*, whose ageing hero is a distinguished physician; Rossellini’s *The Rise to Power of Louis XIV*, which opens with a protracted and grimly funny scene of seventeenth-century doctors plying their trade on a dying Mazarin; or Kurosawa’s two doctor films, *Drunken Angel* and *The Quiet Duel*. Doctors rather than diseases are the focus, though there would have been arguments for including some of the most notable films whose central characters suffer from a fatal illness: Bresson’s *Diary of a Country Priest*, Kurosawa’s *Living*, Arthur Hiller’s *Love Story* and James Brooks’s *Terms of Endearment*. Documentaries are excluded, although the number of documentary feature films that would need inclusion is presumably small; hence the absence of Frederick Wiseman’s 1970 *Hospital*, and the same director’s more recent tetralogy *Deaf and Blind*. Psychiatry and psychoanalysis are left out, in spite of the frequent antithesis films set up between treatment of the body and of the mind: we lose Hitchcock’s *Spellbound*, Fuller’s *Shock Corridor*, and Forman’s *One Flew Over the Cuckoo’s Nest*, all set in hospitals. Admittedly, the cinema has always been more drawn to the psychological than to the somatic, and has consequently produced an enormously rich body of material that could not be fitted in here.

Even granting Shortland’s parameters of selection, there are omissions that will shock anyone with an interest in the careers of directors who have been regarded as *auteurs*. He includes dentistry, but omits Hitchcock’s first version of *The Man Who Knew Too Much*. He claims to include all films in which doctors play a significant role, but leaves out Lang’s *Hangmen Also Die*, Preminger’s *Angel Face*, Sirk’s *Written on the Wind* (where the doctor is to give the verdict on the neurotic hero’s impotence), Corman’s *The Man with X-Ray Eyes* or Siegel’s *The Shootist*. He includes *The Pharmacist* with W. C. Fields, but ignores Nicholas Ray’s great *Bigger Than Life*, in which James Mason is prescribed an anti-stress drug whose unrealized psychological side-effects are powerfully dramatized. Unbelievably, he also leaves out Powell and Pressburger’s *A Matter of Life and Death*, a visionary and highly original work at whose climax a brain-damaged pilot undergoes dangerous surgery and simultaneously imagines himself fighting for his life in a strange, other-worldly court case.

Michael Shortland is right to encourage medical historians to direct their attention to films: for the social history of medicine in this century has been reflected and distorted and shaped by the cinema, the era’s most powerful medium. The “body horror” of David Cronenberg, for

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instance, whose latest work *Dead Ringers* follows in detail the surgical experiments of increasingly mad twin gynaecologists, is a very disturbing meditation on the medical profession and its handling of the body, and deserves "careful study". But this checklist is too slackly conceived and written to suggest the real intellectual challenge of making the connections it presumes are desirable. What is needed is a series of sharply focused, fully informed and thoughtful pieces of criticism about the complex interrelation between an industry which is also an art and a science which is both a humane calling and a capitalist empire.

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PETER BRAIN, *Galen on bloodletting: a study of the origins, development and validity of his opinions, with a translation of the three works*, Cambridge University Press, 1986, pp. xiii, 189, \$39.50.

This is a curious and idiosyncratic book. Its organization and scholarly methodology should be greeted with some reservation, but at the same time the work is important and stimulating. It begins with a chapter summarizing the medical system of Galen, the Greek from Pergamon who rose to great influence in Rome and determined the course of Western medicine for a millenium and a half. The Galenic system was based on a purposive view of nature; carefully observed anatomy; a humoral physiology that explained health as balance or crasis and disease as dyscrasia; a particular concern with conditions called plethora; and beliefs in the value of cure by opposites and venesection.

The three works of Galen devoted to bloodletting are translated in the next chapters, 2, 3, and 4. They (using Brain's translated titles) are 'Galen's Book on Venesection against Erasistratus', an early (*ca.* AD 163) lecture, a rather disorganized attack on Erasistratus for his therapy of purgation and starvation rather than bloodletting; and 'Galen's Book on Venesection against the Erasistrateans in Rome', a work Brain dates *ca.* AD 175–80, which attacks both Erasistratus, who eschewed phlebotomy, and the Roman Erasistrateans, who misrepresented Erasistratus and should be condemned for using venesection excessively and with no rational basis. A third, less tendentious treatise, 'Galen's Book on Treatment by Venesection', from the 190s, addresses the value of phlebotomy for evacuation; two kinds of plethora and the putrefaction of humours; those cases where bloodletting is to be avoided; prophylactic phlebotomy; contraindications to the use of venesection (lack of strength being the most important); the revulsive use of the therapy; and appropriate veins for specific disorders.

Chapter 5 is on the relation and dating of the three works, chapter 6 argues that Galen's advocacy of bloodletting was considerably greater than is to be found in the Hippocratic Corpus, and chapter 7 summarizes Galen's views on phlebotomy. Chapter 8 analyses Galen's vascular anatomy and raises the question of inconsistency between this anatomy and his advocacy of revulsive bloodletting from the same side of the body as the ailment. The following chapter summarizes a fruitless search for precedents for this apparent contradiction and concludes that Galen's advocacy of revulsive therapy must derive not from his anatomy, but from his physiology, best understood through his model of the veins functioning as an irrigation system for the body.

A radical shift in focus occurs in chapter 10 where Brain addresses a highly technical series of modern haematological analyses of the argument that anaemia can be a factor in resistance to infection because it reduces the availability of iron to pathogenic organisms. The concluding chapter is devoted to speculations about Galen's personality and motives.

One perplexing feature about this book is its organization. I recommend that the non-specialist address chapters 1, 7, 5 and 11 in that order, to gain a grounding in Galen's system, his views on venesection, the relationship of his three works on the subject, and some aspects of his personality, before reading the three texts translated as chapters 2, 3 and 4. At that point, the interested reader can take up the two unrelated arguments concerning Galen's advocacy of bloodletting: an explanation of the reasons behind a revulsive treatment that seems