

the growing knowledge of the importance of bacteria in causing summer diarrhoea, better understanding of nutrition, and the institution of milk depots in several parts of the country all combined to help reduce infant mortality. The progress of each of these developments, and their interaction is well researched and documented in this book.

At the beginning of the period of this study, there was marked political concern over Britain's ability to maintain an imperial role. There was a falling birth rate and high infant mortality, which contrasted to other imperial nations. Furthermore, the majority of volunteers for the Boer War had been found to be unfit for active service, drawing attention to the prevalence of poor nutrition, disease, and disability in childhood. This growing public awareness of the importance of healthy children, arising out of the poor health of the would-be recruits, partly explains the somewhat cryptic title of this book.

Deborah Dwork continues her account of the development of the infant and welfare movement in England through to the end of the First World War. Fully covered are the introduction of Health Visiting and Mothercraft classes, the origins of Infant Welfare Clinics and the start of the School Health Service, with details of the involvement of voluntary groups, Medical Officers, other professionals and politicians. As well as improving child health, the welfare movement played an important part in improving the status of women in the community. Women sanitary inspectors and health visitors were essential, and the development of these professions opened up new avenues for female advancement.

Anyone interested in the social history of the twentieth century, or in the history of medicine and public health, will find much of value in this book. It is well researched and written in a lucid and readable style. Comparatively little has previously been written on the improvements made in child health by the welfare movement, and the detailed accounts of contemporary perceptions and how change was achieved is fascinating. The book can be strongly recommended.

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W. BRUCE FYE, *The development of American physiology*, Baltimore, Md., and London, Johns Hopkins University Press, 1987, 8vo, pp. xi, 308, £26.55.

The development of American physiology, published in the centenary year of the American Physiological Society (APS), is a study of the specialization and professionalization of American physiology from the mid-nineteenth century onwards. Within this remit, a number of important issues are addressed: the influences of European, principally French, physiology; the importance of naturalists in the fostering of physiological science; the demands of clinical practice versus scientific work; the associated problems of funding full-time positions for teaching and research; and the roles of anti-vivisectionist agitation and the increasing sophistication of physiological apparatus, in further defining and identifying "the physiologist" within the medical community.

Considering this large and demanding picture, it comes as no surprise that the author's attention is better focused in some areas than others. This imbalance is due in part to the principally biographical arrangement chosen for much of the material. The first four (of six) chapters deal with the careers of John Call Dalton and three Founder Members of the APS, Weir Mitchell, Henry Bowditch, and Newell Martin. But closely associated with these personalities is the institutional history of American physiology (a theme that has been successfully utilized in the recent series of historical articles in *The Physiologist*), and this wider perspective does not necessarily telescope easily into the framework chosen by the author. The importance of university and college support is indeed acknowledged but more in the context of determined personalities founding schools of physiology in the face of opposition and indifference (e.g., Bowditch at Harvard, Newell Martin at Johns Hopkins) rather than a clear-cut presentation of institutional responses to the demands of new sciences and new scientific ways. Of course, this criticism is not intended to deny the considerable achievements of these early physiologists or that the author has, quite rightly, identified key individuals who potentiated the growth of American physiology. However, this "pioneer" theme is perhaps over-emphasized to the

detriment of other aspects that are discussed diffusely throughout the book. Thus it often seems that little bits of each piece of the jigsaw are being described simultaneously, instead of the picture being built up piece by piece. The final two chapters, on the APS itself and on the establishment and early achievements of scientific medicine in America do go some way in correcting this dizziness, by reiterating and extending some of the initial debates, particularly those on the role of experimental techniques on living animals and on the dilemmas and difficulties of the “second-generation” physiologists in creating new opportunities for themselves.

Despite these limitations, in organization rather than in content, this is a useful volume, particularly as an adjuvant to other publications celebrating the centenary of the Society. In addition to providing a record of the founding and growth of American physiology, it discusses the historical development and significance of several concerns such as anti-vivisectionist activity and scientific funding, which have acquired a new relevance to physiologists today.

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MARY ANN JIMENEZ, *Changing faces of madness. Early American attitudes and treatment of the insane*, Hanover and London, University Press of New England, 1987, 8vo, pp. ix, 219, \$25.00.

Nancy Tomes has recently emphasized how, once the age of the asylum dawned in the United States in the Jacksonian era, America steadily came to diverge from England in the treatment of the mad. Mary Ann Jimenez’s well-researched and crisply-written monograph convincingly demonstrates that, by contrast, before the asylum age, madness in colonial America was regarded and treated in much the same ways as it was in early Georgian England. Above all, and *pace* Foucault’s notion of a “great confinement”, it was rare for the “distracted” in colonial Massachusetts (the bulk of her primary evidence comes from that state) to be institutionally confined. Those physically detained were chiefly violent maniacs, sequestered not because they were mad but because they were dangerous, and, even then, their confinement was generally brief. Lunatics were usually left in charge of their families or their township overseers, and no great shame was attached to the condition.

The great watershed, Jimenez plausibly argues, came not with the first erection of asylums on a large scale from the 1820s, but after the Revolution, around the close of the eighteenth century. As physicians such as Benjamin Rush grew more prominent, madness — traditionally seen in a rather loose Providentialist framework — was progressively medicalized; and rationales for segregating the insane emerged as medical therapies were proposed (Rush advocated heroic bloodlettings) and hopes of cure were raised by popularization of the works of Pinel and Tuke. Most importantly of all, however, the new stress on individualist social discipline in the infant republic created for the first time a sharp censoriousness towards deviants, especially drunks and masturbators, and led to the widespread and quasi-punitive securing of the insane not in purpose-built asylums but in jails, workhouses, and other lock-ups. Thus the eventual spread of the asylum in Jacksonian America was not a coercive measure, ending the liberty of the insane; it was designed as a benign gesture to liberate them from places of mere confinement.

Jimenez’s is the first book-length study of colonial insanity; it is securely grounded upon local and legal records, medical evidence, and asylum reports. Her work forms an original and convincing prologue to the tide of monographs currently appearing on nineteenth-century insanity.

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