

reading” bibliography at the end of the book, some more inclusive than others. But within the essays, more precise references to scholarship on particular questions or signposts allowing readers to trace the provenance of specific examples are provided unevenly. Some of the authors point deftly and briefly, but as fully as necessary, to the literature on a subject in the footnotes. Others provide references only occasionally and sometimes seemingly randomly, lessening the utility of the book as a basic resource for the field. The essay by Eamon Duffy on “religious belief” was perhaps most frustrating on this question. Duffy has in his sights a number of historiographical targets, some of which are acknowledged as such in text and footnotes; for instance, he argues forcefully and explicitly against Colin Richmond’s notion that gentry religion was increasingly privatized in the fifteenth century. Some of his targets remain under the surface of the text and the apparatus, however, despite equally forceful arguments being marshalled against those (unacknowledged) opponents. The section on Lollards, for instance, presents the sect in highly uncongenial terms — surely no one, he writes, could have been satisfied by a movement with doctrine and writings that were “chilling”, “dispiriting”, “monotonous”, and “entirely lacking in the affective warmth and devotion to the suffering humanity of Christ which is the distinctive mark of late medieval mainstream Christianity” (p. 328). His partisan dismissal of the Lollards is clearly in reaction to the much more sympathetic views of mainline scholars of Lollardy such as Anne Hudson and Margaret Aston: yet an unsuspecting reader would not be able to detect this. Aston and Hudson are both featured in the “further reading” recommendations at the end of the book, but Aston’s work does not appear in the footnotes at all, and Hudson features only in notes acknowledging quotations borrowed from her publications. For students struggling to understand the historiography of late medieval English religion, not to mention the functions of the scholarly apparatus, this is not entirely helpful.

These cavils aside, this is a splendid volume. *A Social History of England 1200–1500* does more than summarize the state of the field of English social and cultural history; it advances it. Marked by nuance, insight, and sophistication, the essays make a wonderful case that late medieval English social history is a vital and fascinating field.

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JORLAND, Gérard, Annick, OPINEL, and George, WEISZ (eds.) — *Body Counts: Medical Quantification in Historical & Sociological Perspectives/La Quantification médicale, perspectives historiques et sociologiques*. Montreal and Kingston: McGill-Queen’s University Press, 2005. Pp. 417.

Body Counts: Medical Quantification in Historical & Sociological Perspectives is a much-needed in-depth analysis of the role of quantification in medical history. It fruitfully explores old debates with renewed vigour and successfully challenges accepted historiography on several issues, most notably the role of the patient in

the post-instrumentation medical encounter. Furthermore, it provides both scope and context for larger debates in medical history: for example, whether or not medicine is an art or a science. The ultimate goal of the volume was to illuminate the changing nature of quantification in medicine and demonstrate the enduring difficulties inherent in its application. The text successfully achieves that goal, and the selection of essays has moved beyond the traditional sites of research associated with medical quantification, public health, and clinical medicine into the relatively unexplored realms of medical instrumentation and laboratory work. For the most part, the volume is easily accessible to non-medical historians. The essays on twentieth-century biomedicine, however, are laden with specialized terminology that can, at times, be challenging. The collection is a definite asset to any historian, and regardless of the field of interest it will make an excellent teaching resource.

The book embraces the emerging trends in history that seek to compare and contrast different countries and explore global themes across multiple sub-fields in history. Almost without exception, each essay offers some type of multi-national comparison, which gives the reader a rich sense of the issues and debates associated with medical quantification over the past 300 years. The 18 individual contributions have been sub-divided into five major themes: medical arithmetic, quantification and instrumentation, statistics and the underdetermination of theories, reducing uncertainty and the politics of health, and afterthoughts. It is more useful, however, to examine the text in terms of the common threads that run throughout the whole book.

Medical quantification has always been intimately linked with the state and public policy, which is evident in the content of most of the essays. Ulrich Tröhler, for example, suggests that eighteenth-century British physicians were working with a new paradigm of “rational empiricism” and stressed accurate recording and broad-based comparisons as best practice while condemning memory as unreliable and single-case publications as problematic. Although Tröhler effectively demonstrates that quantification has unexplored roots in eighteenth-century England, he is quick to caution that the need to regularly justify medical arithmetic and experimental studies suggests that “such empirical methods and their results had not yet received general acceptance”. Similarly, Andrea Rusnock’s essay demonstrates that infant mortality statistics and their proliferation at the end of the eighteenth century resulted in a dramatic shift in public concern for infants’ welfare, as evidence by the “growing number of children’s toys and books, changes in naming practices, and initiatives in childhood education” (p. 65). Rusnock explains that English arithmeticians were more able to address medical concerns than their counterparts across the Channel because the London bills of mortality contained more substantial information, especially concerning the cause of death, than the parish records typically used to calculate infant mortality in France. Continuing to explore the links between medical quantification and the state, Harry Marks offers an insightful review of the political side of the classic D’Alembert-Bernoulli debate surrounding the use of quantitative medicine in the case of smallpox inoculation. In the “afterthoughts” section, George Weisz masterfully juxtaposes the key issues of the medical

statistics debate in the nineteenth century with the recent concept of “evidence-based medicine”, which effectively provides the volume with an overall sense of cohesion and unity.

The second major theme explored in *Body Counts* is the effect of medical quantification on the doctor-patient relationship. Several essays demonstrate how the objectification of medicine called into question medical authority and thereby turned patients from passive participants into active agents in the medical process. Volker Hess, for instance, argues that measurement granted the body “an objective voice”, in the doctor-patient encounter that “superceded the eloquent patient” (pp. 113–114). Equally, Christiane Sinding’s subtle analysis of standardizing measures in the case of twentieth-century diabetics echoes the medico-political conflict reviewed by Marks in an earlier chapter, as well as demonstrating the active role of patients in therapeutic negotiations. Similarly, in the case of AIDS in France, Nicolas Dodier demonstrates how patients campaigned for an active role in the decision-making surrounding clinical trials. These essays run counter to accepted historiography in this area of medical history.

Historians regularly use and manipulate numbers, statistics, and percentages, often without considering the significance of the debate surrounding their production. Chalmers, for example, notes the “apparent lack of interest in bias by historians of clinical trials” (p. 309) and then provides an illuminating study of bias and the attempts to overcome it in the 1948 British MRC randomized clinical trial of streptomycin in pulmonary tuberculosis. Keating and Cambrosio have constructed a new methodological paradigm for considering pathological quantification and for understanding the subsequent debates concerning morphology, immuno-phenotyping, and molecular genetics. Chapters touching on this theme make it abundantly clear that medicine in the twentieth century has become so technologically oriented and term-laden that medical historians must employ new and often highly specialized vocabulary to engage effectively with the material.

Medical quantification is intricately connected with the ideas of control and normalcy, and several authors explore the redefinition of “healthy” within society along statistical values, as well as the subsequent response of external stakeholders. Theodore Porter, for example, effectively argues the crucial role played by insurance companies in the quantification of medical practice. Likewise, Murard demonstrates the impact of the “Life, Environment and Health Indices” in comparing health and living conditions in the early twentieth century. Even death requires standardization, which Michael Donnelly skilfully conveys in his summary analysis of William Farr and the English public health debates (pp. 259–262).

Body Counts contains 18 well-written essays that help explain why health in the twenty-first century is governed by numbers and a quest for certainty. I highly recommend this text to anyone interested in medical history.

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