

Americans, missionaries and enslaved Africans. He notes that, though different in their social destinies, few were immune to the ravages of disease.

The strength of this work is its source material. However, there are a few moments interspersed with presentist evaluations of the eighteenth- and nineteenth-century medical armamentarium and standards of care. McCandless's engagement with the evolution of medical ideas about black and white disease susceptibility is surprisingly limited, considering the vast array of medical sources he uses in his narrative. He argues that whites were convinced of innate constitutional differences between the races, and such beliefs were bolstered by observations of the differential mortality between blacks and whites. However, he does not go any further in exploring the complex ways physicians read constitution, climate and race as factors that interacted with each other in cases of sickness (p. 133). Drawing tighter links between climate and disease environment would have sharpened his discussion of the ways in which the alleged ability of blacks to withstand the climate of the southern lowcountry transformed from a physiological advantage to a medical justification for slavery. While he utilises commentary from sources that noted blacks' predisposition to 'pleurisies and peripneumonies' (p. 126) he does not place those observations within the existing medical framework of the nineteenth century – particularly the belief that blacks were more susceptible to lung diseases than whites. Finally, a critical engagement with the broader nineteenth-century southern medical context and white commentaries on black suffering would have strengthened his claims that racial dynamics mediated perceptions of sickness and health (pp. 128–129). These criticisms aside, McCandless provides an accessible, well-crafted, and much needed perspective on how disease shaped the development of the southern lowcountry's social landscape.

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Volker Roelcke, Paul J. Weindling and Louise Westwood (eds), *International Relations in Psychiatry: Britain, Germany, and the United States to World War II* (Rochester: University of Rochester Press, 2010), pp. vi + 254, £50.00/\$85.00, hardback, ISBN: 978-1-58046-339-3

Over the last decade, the international dimensions of medicine and science have become topics of great interest among a wide community of historians, geographers, sociologists and anthropologists. From studies of the cultural and economic transmission of drugs, information, and *materia medica* through to more general inquiries into the similarities and differences between Chinese and Western medicine, scholars have increasingly sought and crafted narratives that explained and compared the ways that movements, circulations, exchanges, networks, and transfers between locales, regions, nations and systems encouraged the creation, proliferation and hegemony of some cultures (or civilisations) over others. Others, no less ambitious in their aims, became concerned to show through the same methods and analytical devices the ways that different languages, practices and power, even within relatively homogeneous cultures, could reinforce prevailing attitudes about progress or offer examples for alternative paths to shared problems. And it is in this latter category that we can locate *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, an extremely well-edited, coherent and informative collection of essays by renowned authors.

No one with a general knowledge of the history of psychiatry will find big surprises awaiting them in this volume. Its editors have chosen topics that move through well-known narratives of institutions, state-funding, trends in non-state philanthropy, vogues in the provision of psychiatric health service, knowledge transmission in central and peripheral locales, and finally to questions of voluntary and involuntary assimilation. All but one of these studies adopt a transnational or international line of analysis. To those familiar with the history of psychiatry, most of the actors, institutions, practices and locations – excepting Pamela Michael’s fascinating study of interwar Welsh psychiatry – will be well known. There are, of course, some exceptions: while most essays utilise figures like Emil Kraepelin and Adolf Meyer to illustrate their stories, other lesser known figures do appear for an in-depth consideration, as for instance, Louise Westwood’s examination of the English psychiatrists Helen Boyle and Isabel Hutton. But in fact the strength of this collection derives specifically from this familiarity. Because there is no need to pore over the hoary details of institutions and organisations such as Yale University, the Maudsley Hospital, the Rockefeller Foundation, and the US or UK National Committee of Mental Hygiene (founded in 1909 and 1922 respectively), readers are allowed to think through the fresh contentions offered by an international focus, or, in the case of Mathew Thomson’s rather clever *en passant* study of mental hygiene in Britain, those trends towards isolationism that limited the role of outside influences.

International Relations in Psychiatry is self-evidently a useful, interesting, and important volume. The essays are short and snappy, would be useful for undergraduate teaching, and most of them would be of interest to non-historians curious about the history of mental health, psychology, psychiatry and neurology. Where the collection raises the most questions is in its limit to the peculiar geographical constellation of Britain, Germany and the United States. The word ‘Rapollo’, for example, doesn’t make a memorable cameo. Indeed the Soviet Union barely appears even as a foil in these studies. The apparent desire of some of the authors to mention but downplay Americanisation appears predicated more upon the volume’s choice of chronology than it does on any appreciable historical generality. These are, of course, pedantic criticisms. *International Relations in Psychiatry* is a very good book and there is much to be gained from reading it closely.

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James Shaw and Evelyn Welch, *Making and Marketing Medicine in Renaissance Florence*, Clio Medica 89/The Wellcome Series in the History of Medicine (Amsterdam: Rodopi, 2011), pp. 356, £65, hardback, ISBN: 978-9-0420-3156-2.

This well-crafted study uses the extensive account books of a thriving Florentine pharmacy, the Speziale al Giglio, to shed light on the Renaissance medical marketplace. Drawing on forty-nine shop registers running from 1464 to 1598, the authors present a detailed analysis of apothecary clientele, their consumption patterns, the popularity of particular medicinal wares and other products, and the credit relations governing purchases. At the heart of the study are the data culled for a one-year period, from August 1493 to July 1494, encompassing the purchase of over 16,000 individual items in nearly 12,000 transactions by 2,247 clients. From this massive but disparate evidence, the authors draw important conclusions about Renaissance commercial culture and the ways that ordinary Florentines managed health and illness.