crucial issue of drug regulation in the UK. Historically, interest in regulation was dominated by fears of poisoning but in the 1950s the emphasis shifted to controlling costs and this was partially responsible for the fact that insufficient attention was given to risk.

Mark Jackson writes about the politics of air pollution. He demonstrates that the 1956 Clean Air Act was a necessary reaction to the great smog of 1952 and argues that it anticipated and informed ‘the ecological and environmental turn in public health discourse’ (p. 222). Carsten Timmerman, on the basis of a study of the Central Institute for Cardiovascular Research in East Berlin, discusses the medical and health regimes of the old Soviet empire. While he distances himself from medical fellow-travellers such as Henry E. Sigerist, he suspects that babies have disappeared with the bathwater. Western medical elites were so keen to promote ‘individualised medical practice’ that they dismissed residual virtues in the older system and areas of the former DDR have been left without adequate services.

Jean Paul Gaudillière and Ilana Löwy conclude the collection with an examination of the implications of DNA testing for breast cancer disposition. They show how technological development produces changes in control regimes, comment on the marked differences of practice between France and the USA, and point to a developing popular mistrust of market forces and growing scepticism about the capacity of biomolecular innovations to solve health problems.

In summary, this is a valuable collection. It will be consulted for the individual contributions but readers should go beyond their immediate interests, for within the diversity there are indeed several hints that a more nuanced and satisfactory history of public health in the twentieth century is now under construction.

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Edgar Jones, a historian of medicine, and Simon Wessely, a psychiatrist and authority on somatoform disorders and mass psychogenic illness, have written a valuable account of military psychiatry and pension debates from the Boer War to the first Gulf War. The focus is on the British and American situations; military psychiatry in France, Russia and Germany are mentioned only in passing. The Great War was a psychiatric watershed. W. H. R. Rivers described it as an unprecedented laboratory for investigating the aetiology and treatment of neuropsychiatric disorders.

Later writers emphasised discontinuities between the Great War and the pre-1914 period and the differences in the scale and the symptomatology of neuropsychiatric syndromes. Shell shock was its emblematic disorder, a popular subject for civilian doctors in military service and post-war novelists. The modernity of shell shock is now taken for granted and the historical trajectory connecting shell shock to PTSD seems obvious. The psychological sufferings and tortured memories of the Great War, as described in recent novels by Pat Barker (Regeneration and The Ghost Road) and Sebastian Faulks (Birdsong), mirror the trauma of Vietnam War veterans a half century later. Our current
understanding of PTSD, apparently confirmed by evidence from biological psychiatry, permits us to suppose that the neurasthenias and hysterias of the Great War are familiar and transparent. These assumptions are misguided, for PTSD is itself a historical product, shaped by cultural and institutional conditions emerging during the last three decades. It is an unreliable guide for reconstructing the past. Its title notwithstanding, *Shell Shock to PTSD* avoids this misconceived perspective on the past.

One of the interesting subjects explored in this book is a cluster of ‘cardiac’ syndromes initially diagnosed during the American Civil War; ‘disordered action of the heart’ (DAH) and ‘effort syndrome’ during the world wars, ‘DaCosta’s syndrome’, ‘soldier’s heart’ and ‘irritable heart’ in the earlier period. Seen retrospectively and through the lens of PTSD, the disorders are conventionally incorporated into the shell shock to PTSD trajectory and described as idioms of distress for expressing trauma and anxiety. However, careful attention to epidemiological data associates hospitalisations for DAH with a burden of infections, notably rheumatic fever, measles, influenza, typhoid fever, dysentery and malaria rather than primary anxiety. Jones and Wessely delineate a trajectory linking DAH to current somatoform disorders, such as fibromyalgia, chronic fatigue syndrome, and (perhaps) Gulf War syndrome.

Military doctors responsible for neuropsychiatric disorders during the world wars had dual missions, therapeutic and military. These casualties were a major drain on manpower in both wars and, where the long-term interests of patients conflicted with manpower needs, the priority was the military goal. Bomber crews during the Second World War were particularly at risk from psychological problems. The book provides an interesting and depressing account of the dubious and desperate efforts by William Sargent to introduce a drug-induced variation of the Weir Mitchell Civil War rest cure as a technique for getting air crews back into their bombers. The PIE approach to treatment (proximity to the front, immediacy of treatment, expectation of recovery) was a major innovation of the Great War and was also adopted during the Second World War. It was never more than moderately successful, although this was not obvious at the time. Clinicians frequently cooked the books, overstating numbers of soldiers returned to active duty in fighting units, and failing to collect and publish statistics regarding relapses.

A more economic solution would be to eliminate vulnerable men at the induction centres through psychological testing. Here too results were disappointing. The disqualification rate for American inductees increased six-fold from the First World War to the Second, but neuropsychiatric casualties and discharges also increased. Efforts during the Second World War to track men initially rejected for military service via psychological testing and then subsequently inducted revealed that 82 per cent performed satisfactorily in service, often in combat duty. Screening standards among induction centres varied enormously, with a 35-fold difference in some cases. Low intelligence and risk factors for psychosis, rather than personality tests, proved to be the best predictors of discharges for psychiatric reasons. The determining factors for breakdowns in the field were not matters of individual psychology but were largely situational: the quality of leadership, group cohesion, training, equipment, morale and the intensity and outcome of battle.

*Shell Shock to PTSD* concludes with an examination of PTSD. The authors believe that PTSD has morphed into a pervasive cultural idiom for describing, expressing and experiencing distress. They associate this development, the florescence of a ‘PTSD culture’, with a variety of historical factors, including changing attitudes to the management and public
Life was not easy for magical healers in eighteenth-century Portugal. If they were denounced to the Inquisition, usually by a member of the social elite, they faced uncertainty and waiting whilst the accusation was investigated. This was followed by imprisonment during the course of a trial which would probably last over a year and which was designed to favour the prosecution and could include the use of torture. This would culminate in an eventual admission of guilt (itself rarely in question) and a sentence, usually banishment. For first-time offenders, at least, sentences were relatively light (if one can call banishment of up to seven years ‘light’). For scholars of the European Inquisitions, this may sound fairly standard; but what is remarkable in the Portuguese case is the veritable campaign against magical healing that was waged by the Inquisition there, with the active participation of the country’s medical elites. At a time when popular healing was no longer regarded as a threat by ‘official’ medicine in much of the rest of Europe, elite Portuguese medical practitioners not only intervened against popular healing in a concerted and sometimes heavy-handed way, but did so in the name of Enlightenment rationalism and medical reform.

Timothy Walker has produced a fascinating and significant study. When I was researching ecclesiastical sources for the study of popular magic and healing for what became From Bishop to Witch: The system of the sacred in early modern Terra d’Otranto, I had several dozen trials to go on. Walker has found hundreds and has been able to bring a detailed level of analysis to this project. Nonetheless, there are many similarities between eighteenth-century Portugal and early modern southern Italy: the ambivalent role and place of popular healers, the wide variety of conditions they treated, the importance of supernatural and ritual elements in their techniques, and the survival of popular healing despite persecution. The ecclesiastical authorities of both regions also had similar concerns, especially that of regulating the use of the sacred, and a concern with healing rituals that could easily mask the infiltration of the devil.

However, as Chapter 5 of Walker’s book makes clear, the great difference lies in the participation of elite physicians and surgeons in the apparatus of the Portuguese Inquisition, as prison medics or as familiares (non-ecclesiastical employees and functionaries). Some of these men were reformed-minded individuals, in touch with medical developments outside of Portugal, who were authors of innovative medical treatises with bases at court or university. They used their inquisitorial positions to initiate denunciations, oversee the gathering of evidence, marshal prosecution witnesses and submit statements calling into question the efficacy of the healing practices of the accused. Other officials were probably there to take advantage of the numerous exemptions and perquisites inquisitorial positions offered, swelling the ranks of familiares four-fold.