

REVIEW ESSAY

# Medicine Unbound

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Greg Eghigian, *The Corrigible and the Incurable: Science, Medicine, and the Convict in 20th-Century Germany* (Ann Arbor: University of Michigan Press, 2015)

Stefanos Geroulanos and Todd Meyers, *The Human Body in the Age of Catastrophe: Brittleness, Integration, Science, and the Great War* (Chicago: University of Chicago Press, 2018)

Why should intellectual historians care about the history of medicine? As someone who admires and draws frequently on intellectual history but is mostly an outsider to the field, I asked myself this question after accepting the invitation to review two books related to medical history for *Modern Intellectual History*. To make the question manageable, I decided to investigate how much the history of medicine had cropped up in the pages of *MIH* since it began publishing in 2004. Three terms fundamental to the history of medicine went into the *MIH* search engine: “medicine,” “physician,” and “disease.” “Medicine” yielded seven hits, “physician” three, and “disease” one. Curious to see in what context “medicine” appeared, I clicked on the seven hits and discovered three book reviews, two articles that made mention of medicine only incidentally, and two articles that connected medicine to the history of subjectivity. Because seven hits seemed low and the subjectivity result intrigued me, I went back to the search engine with a more specific set of terms. “Psychology” yielded sixteen hits, “psychoanalysis” fourteen, and “psychiatry” one. These results, of course, only tell us about the publishing record of *MIH* and not necessarily about the research interests that intellectual historians might have in the history of medicine. Still, they do suggest that the piece of medical history most useful to intellectual historians concerns the mind/brain sciences—that is, those sciences most likely to engage minds, selves, identities, the individual, and related constructs of interiority. Apparently less interesting is work from other vibrant research areas in medical history: diseases (e.g. cholera, cancer, plague), hospitals, medical education, medical practice, medical technology, medical sciences (e.g. physiology, nutrition, biochemistry), and the body, to name just a few. Intellectual historians, it seems, hold a strong but quite selective interest in medicine right now.

Those results surely reflect, at least in part, the fact that for decades “medicine” has been bound to a historical subfield strangely walled off from intellectual history as well as from other branches of history. The history of medicine has been

institutionalized through specialized departments and programs, conferences, presses, and book series (e.g. Johns Hopkins University Press and its *Biographies of Disease*), periodicals (e.g. the *Bulletin of the History of Medicine* and *Social History of Medicine*), associations (e.g. the American Association for the History of Medicine and the Society for the Social History of Medicine), faculty lines, and classes that attract flocks of pre-health students with an instrumentalist approach to historical study (how will this help me become a better physician?). That separation has been both a benefit and a detriment to the historical study of medicine. Medicine is a topic that requires specialized training to explore; relative isolation has allowed a true subfield to emerge. But there have been pitfalls. Historians not trained in the history of medicine often have no exposure to the field at all. Others who are tend to see the field as strangely inward-looking and hermetic, or, at its worst, hopelessly physician-centered and elitist. Really, I have been asked by colleagues on several occasions, why does the history of medicine matter? With its implicit critique, that question should sound familiar to intellectual historians, whose own field has experienced the upsides and downsides of separate institutionalization.

All of this raises questions. What would it take to unbind medicine from the history of medicine and make it a more open field of exploration for intellectual historians? Perhaps more importantly, what would be the payoff of doing so? Strangely distant from each other, the fields nonetheless share important fundamentals. Both, after all, are concerned with knowledge: how it is made, unmade, and negotiated in a field of constantly shifting contextual factors stretching from the social and political to the economic and ecological. At times implicitly and at other times explicitly, the two books under review here venture into precisely this epistemological territory. In so doing, they also suggest how medicine might be brought more fully into the purview of intellectual history and what the benefits of doing so might be.

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Greg Eghigian's *The Corrigible and the Incurable* explores the history of the convict in Germany since 1933. Scholars of a previous generation might have approached this topic as an institutional or disciplinary history of, say, the prison system or the field of criminology. Eghigian, in contrast, focuses on tracking the origins, development, and impact of a specific approach to understanding and managing criminal behavior in the twentieth century: correctional rehabilitation. Correctional rehabilitation rested on the belief that crime should be treated as a disease and criminals as patients who were, at least in theory, capable of being rehabilitated. The believers were experts in the human sciences—psychology, sociology, criminology, social work, pedagogy, psychiatry, and statistics—and they created as well as promoted the data, tools, and methods for implementing this therapeutic vision of prisoner reform. Eghigian explores how experts came to hold this view of crime and criminals and unpacks the results for convicts and the criminal-justice system. His answers highlight the importance of what he calls “the correctional imagination.” In his own words, this was “the ensemble of ideas, values, policies, practices, subjects, and objects associated with public attempts to reform and

rehabilitate criminals” (10). The book tracks how the correctional imagination both animated and empowered experts to turn criminal justice into a problem whose solution lay in their own hands.

In part, Eghigian’s book is an attempt to reposition the German case as a corrective to scholarly studies of the remedial era from the 1930s to the 1980s in the United Kingdom and the United States. These tend to cast the era as an outgrowth of progressive impulses emanating from social-democratic and humanitarian circles. Whereas scientific research underpinned treatment designed to rehabilitate offenders in the remedial era, the story goes, from the 1980s onwards a new model of retributive justice, preventive surveillance, and mass incarceration ensued that broke with this humanitarian past. The German case, Eghigian points out, offers instructive dissonance to this master narrative. In parallel with other countries, Germany saw the ideal of correctional rehabilitation take root in the 1930s and flourish through the 1980s, but its political history was vastly different. That difference was visible even at the origin point in 1933, when the Nazis drew on several decades of work by humanitarian penal reformers to pass the Law against Dangerous Habitual Criminals and on Rehabilitative and Preventive Measures. That law, Eghigian shows, institutionalized the correctional imagination in the German state and enabled it to dominate criminal punishment for the next half-century, through Nazi dictatorship as well as West German democracy and East German communism. Given the vast investment the Third Reich made in identifying, segregating, and annihilating “outsiders,” Eghigian’s framing of the Nazis as inheritors and implementers of a humanitarian approach to criminal behavior is striking, to say the least.

Eghigian pursues his argument in five densely written chapters: one on the Nazi era and then two each on East and West Germany respectively. In the chapter on Nazism, perhaps the most important chapter in the book, Eghigian takes a close look at the 1933 law, considering both its origins and its impact. Departing from previous historians, who locate its beginnings in an earlier era, Eghigian argues that we should see the 1933 law as the true origin point of a new and politically multivalent approach to criminal behavior in twentieth-century Germany. Although we might expect the Nazi state to have taken an essentialist approach to “asocial” and criminal behavior, seeing it simply as the natural outcome of heredity, this was not the case. Instead, the criminal-justice system evinced remarkable curiosity about the internal lives of offenders, even to the point of seeing certain offenders as capable of change and development so long as they received appropriate therapeutic interventions (“moralizing social hygiene” (15)).

That curiosity about convicts’ subjectivity, it turns out, came from a humanitarian school of legal thought launched by Franz von Liszt in the late nineteenth century. Liszt and his followers had advocated shifting the focus of criminal justice from crimes to criminals and from punishment to prevention. This meant reorienting the criminal-justice system around the knowledge and methods of experts, who would determine with empirical methods the causes of criminal behavior and advise judges on the rehabilitative potential of various criminal personalities. Already in 1883, in fact, Liszt had made a distinction between corrigible and incorrigible criminals, casting the former as in need of reform and the latter as unreformable. Experts would develop remedial interventions to help the former and

advise the state on identifying and permanently incapacitating the latter (e.g. through permanent detention).

Although there were some isolated attempts to implement these ideas during the Weimar Republic, Eghigian argues, Liszt's ideas came to fruition only in the Nazi era with the 1933 Law against Dangerous Habitual Criminals. He places particular weight on the so-called "executive measure" (*Maßregel*) established by the law, which empowered the courts to confine anyone deemed a dangerous repeat offender indefinitely. Prisoners might be released if a clinical evaluation "proved" that they had been successfully rehabilitated—or, more precisely, that a prognostic assessment generated by experts showed that the risk of repeat offense was acceptably low. Those were the corrigibles. Prisoners considered at high risk of repeating their crimes (the incorrigibles), in contrast, were to be permanently removed from society via a range of measures stretching from outright execution to permanent detention. Propped up by the knowledge and power of experts, Eghigian shows, that two-track system of criminal sanctions remained operative for the rest of the twentieth century (see the chart at 201 for a useful summary).

Ensuing chapters follow this story into liberal-democratic West Germany and communist East Germany, where attempts to identify and resocialize the corrigible as well as separate out and permanently incapacitate the incorrigible continued. It is a tale of both measured ambitions and limited results. In East Germany, the correctional imagination took on a new socialist life in the late 1950s, when experts in the human sciences worked to redeem delinquents by instilling them with a correct "socialist personality." By the 1970s, as crime became conceptualized as a problem of public health rather than the outcome of insufficiently socialist personalities, epidemiologists and their statistical methods were enrolled to help the state identify the environmental factors that might incline this or that type of person to crime. Those diagnostic and prognostic impulses come out especially strongly in a chapter on sex offenders. In the 1960s, Hans Szewczyk, a psychiatrist and psychologist, began to move away from an older view of sex crimes as acts of deviant individuals to consider how environmental factors might shape their behavior. Fueled by the hope that sex offenders might be resocialized, Szewczyk and his followers pressed the state to create therapeutic facilities especially for them. But when the state proved unresponsive, they resorted instead simply to using psychiatric wards to detain sex offenders indefinitely and, when it became available, chemical castration to incapacitate them sexually. Both methods worked to prevent repeat offenses, but fell far short of the hope of therapeutic rehabilitation. As the East German example shows, experts' alliance with the state enabled them to turn sexual offenders into a medical problem under their control, even as the state placed significant limits on their ambition to cure offenders of their criminal impulses.

West Germans took an even more ambitious approach to rehabilitation. Building on traditions inherited from the pre-1945 period as well as new work from American sociology and social psychology, reformers began to view criminals as neurotic personalities requiring both diagnosis and treatment. Those with personalities deemed malleable were housed and treated either in prisons or in psychiatric facilities, while those deemed permanently dangerous remained in preventive detention. The ambition underlying West German approaches was particularly visible in the treatment of sex offenders. In an arrangement not found elsewhere,

experts reframed convicted sex offenders as “psychopaths” and created a new institutional structure, “social therapeutic facilities,” to treat them. But as Eghigian’s careful archival research shows, such programs remained small and the vast majority of West German sex offenders were still kept in preventive detention. In other words, although West German experts dreamed of treating sex offenders as corrigible, they were in practice managed mostly as incorrigibles.

These are precisely the continuities that Eghigian finds so interesting: the hold of the corrigible–incorrigible framing, the two-track system of legal sanctions underlying it, and the role of experts in making the whole system run. Experts, indeed, were less powerful than Foucauldian interpretations typically allow. Although their alliance with the state seemed to confer on them vast new powers, their “psychagogic” ambition to precipitate a process of self-improvement in criminals (205) was more often than not frustrated by the state too. In the end, experts had to content themselves with something less than cure. As Eghigian comments in the book’s conclusion, the “central organizing principle of the German correctional imagination over time was not eugenics so much as triage, dividing the incarcerated into the corrigible and the incorrigible” (200) and learning to be content with “good enough” (205).

What does all of this add up to? While the heart of the book attends closely to complex details, in the introduction and conclusion Eghigian opens up his topic to two broader scholarly conversations, one on “knowledge societies” and the other on biopolitics. “Correctional rehabilitation,” he comments,

has been an aspirational project of collective imagining, an enterprise onto which states, experts, and the general public have projected ideals of good and bad, normal and pathological, corrigible and incorrigible. If most plans ultimately foundered when put into practice, they nonetheless played a lasting role in propagating influential visions of crime, the criminal, and human nature. The history of crime and punishment in the twentieth century is therefore also part of the history of the modern knowledge society (*Wissensgesellschaft*). (11)

German historians have been playing with the idea of the “knowledge society” for the last couple of decades in an attempt to make sense of developments that began between the 1880s and the 1930s and continue into our own period. Built on scientific and technological breakthroughs coming out of the German research enterprise, “knowledge” became an essential aspect of industry, state, and society in these years. Scientific know-how became foundational for industrial wealth and national power (think, for example, of the Haber–Bosch process for fixing nitrogen, which remade German agricultural and military potential). Similarly, the social welfare state, in all its political incarnations, depended on the knowledge of experts. The correctional imagination, he reminds us, belongs to that much larger story of German modernity. All of which leads Eghigian to get around in his final few pages to biopolitics. Here, he deploys his study of the German correctional imagination to talk back to theorists such as Michel Foucault, Giorgio Agamben, and Nikolas Rose. At least for the case of criminal-behavior control, social disciplinary power was much less total than Foucault ever appreciated. As for Agamben, who would

see the Nazi concentration camp as capturing the dark heart of modern biopolitics, or Rose, who sees in postwar biopolitics a democratic and even liberatory potential, Eghigian sees a muddier reality. This is a book, in other words, about a more general aspect of Western modernities—what we might call the technocratic temptation, its problem–solution approach to the world’s ills, and its well-documented partial failures and partial successes in realizing its own ambitions.

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*The Human Body in the Age of Catastrophe*, cowritten by an intellectual historian (Geroulanos) and an anthropologist (Meyers), turns to the history of medicine for a quite different purpose: to correct a persistent blind spot among intellectual historians about the origins of the modern individual. By considering a range of sources and problems in the medical field, the authors hope to reveal a new and highly influential understanding of subjectivity that emerged among American and Western European physicians and physiologists during and just after the First World War. That understanding, Geroulanos and Meyers argue, had a far-flung impact on economic theory, political thought, intellectual history, anthropology, psychoanalysis, the medical humanities, and a variety of other fields. Why, in other words, should intellectual historians pay attention to wartime developments in medicine and physiology? As the authors note in their introduction, “No other site in modern European history ... precipitated as consequential a transformation of the popular and scientific understandings of the human body and its selfhood” (31).

To develop this bold claim, the authors begin by demonstrating how the First World War forced physicians and physiologists to rethink older notions of individuality. The precipitating cause was injured soldiers presenting with “wound shock”—a diagnosis invented in Britain in 1916 for a disorder whose origin could not be located in a particular physical lesion or injury, but rather gripped the whole body and self at once. Typical wound shock patients came to physicians with relatively minor injuries to the leg or arm, ones that could be quickly and effectively addressed by military surgeons. The puzzle was that patients also manifested all the signs of serious injury: precipitous drops in blood pressure, an irregular pulse, feelings of suffocation, intense pain, and even death—in short, a loss of vital function that appeared to be totally out of line with the physical injuries sustained. For the medical experts who witnessed these cases, it seemed as if the body was at war with itself. And as they sought to make sense of what they saw, physicians and physiologists began to move away from nineteenth-century understandings of individuals as subjects and towards a notion of individuals as made up of a complex web of internal systems that were closely knit together yet, in situations of extreme stress, liable to come undone. The London Shock Committee, set up in Britain in 1916, for instance, explained the phenomena of wound shock as the body reacting to a flesh rupture with a force so massive that it overwhelmed the organism’s own internal systems of equilibrium and precipitated an organism-wide crisis that might lead to further danger or even total physical destruction. Gone was the subject as the agent in the body; instead, agency devolved to a complex of internal systems tightly integrated in a healthy body, but once tipped into crisis,

capable of dissolving into chaos and destruction. This is the “integration–crisis duet” that the authors find so fascinating.

To explore the making and impact of the integration–crisis duet, the authors focus on a relatively narrow set of eight male medico-physiologists. Walter Cannon, an American physiologist, coined the term “homeostasis” before the war, served on the London Shock Committee during the war, and popularized homeostasis for nonmedical audiences after the war. Neuropsychiatrist Kurt Goldstein, who was born in Germany and emigrated to the United States in the 1930s, helped pioneer holistic approaches to the brain; his 1934 book *The Organism* quickly became a classic of twentieth-century neurology. The remaining figures were all British. Among the physiologists were Ernest Henry Starling, who coined the term “hormone”; William Bayliss, a close collaborator of Starling’s on hormones and wound shock; Charles Sherrington, whose work on the integrated operation of the nervous system earned him a Nobel Prize in 1932; and Henry Dale, whose work on the chemistry of the nervous system netted him the Nobel Prize in 1936. The final two figures were Charles Myers, a pioneer in the study and treatment of shell shock who later opened up the field of applied psychology, and W. H. R. Rivers, an anthropologist and psychologist perhaps most famous for treating Siegfried Sassoon for shell shock during the war.

How did these men rethink selfhood and the body during and after the war? Although the authors’ answers are not always clear, the example of Walter Cannon is instructive. An American-born physiologist and medical reformer, Cannon had already made a name for himself before 1914. While still a medical student at Harvard, he had developed a method for using X-rays to study the live operation of the stomach and intestines. Inspired by a friend who was a law student, moreover, he also introduced during his fourth year of study the case method to American medical education. After joining the department of physiology at Harvard, Cannon continued his work on digestion. When he noticed that function sometimes ceased in experimental animals placed under stress, he became interested in the impact of strong emotions on the body. That observation led him to explore the biochemistry of the sympathetic nervous system during emergencies and to postulate the existence of a “fight-or-flight response” in his book *Bodily Changes in Pain, Hunger, Fear, and Rage* (1915). That book then got him invited to serve on the London Shock Committee with Starling, Dale, Bayliss, and others, an experience which deepened his interest in stress and its impact on the body. How, he wondered, did organisms keep their inner equilibrium? He proposed the concept of “homeostasis,” a state in which the body’s “fluid matrix”—its coordinated physiological systems—was maintained in a uniform condition but in a balance so delicate and complex that it was constantly in peril of falling apart. It was as if the body governed itself, but because of its own complexity remained vulnerable to failures of governance at any time. This is the “integrated” but “brittle” body alluded to in the book’s title. Multiple publications in scientific journals made clear that Cannon considered the question of how organisms regulated their internal environment the central problem of postwar physiology. And, like many life scientists of his generation, he saw much more than biological understanding at stake here. Beginning with the memorable phrase “[o]ur bodies are made of extraordinarily unstable material” (155), Cannon sought

to extend homeostasis to the understanding of complex social systems in his popular book *The Wisdom of the Body* (1932), where he wrote of “social homeostasis.” Similar analyses, with varying degrees of clarity, follow for the remaining seven figures.

For readers of *Modern Intellectual History*, the most interesting part of the book will probably be Part III, where the authors turn to a wide-ranging exploration of the afterlife of the integration–crisis duet outside the field of experimental physiology proper. One chapter ranges widely across international law, cybernetics, anthropology, and philosophy. The next one turns to medical humanism. Readers are marched through a succession of names: John Maynard Keynes, Alfred Fried, Leonard Hobhouse, Harold Laski, Vilfredo Pareto, Alfred Zimmern, David Mitrany, Henry Bergson, Jan Smuts, Ernst Wagemann, Wilhelm Röpke, Lewis Mumford, Georges Canguilhem, Norbert Wiener, Ernst Cassirer, Marcel Mauss, Claude Lévi-Strauss, Hans Selye, Walter Langdon-Brown, René Allendy, Georg Groddeck, Daniel Lagache, Rollo May, and Ivan Illich, among others. Texts fly by: *The Economic Consequences of the Peace* (Keynes, 1919) *Authority in the Modern State* (Laski, 1919), *Europe in Convalescence* (Zimmern, 1922), *The Progress of International Government* (Mitrany, 1933), *Holism and Evolution* (Smuts, 1926), *The Condition of Man* (Mumford, 1944), *The Normal and the Pathological* (Canguilhem, 1943), *Cybernetics: Control and Communication in the Animal and the Machine* (Wiener, 1948), *The Elementary Structures of Kinship* (Lévi-Strauss, 1949), *The Stress of Life* (Selye, 1956), and *Medical Nemesis: The Expropriation of Health* (Illich, 1975), among others.

The range is impressive, but what the authors are arguing in these final two chapters remains unclear. Here’s what they say: “The relationship between biology and politics was navigated more across the metaphoric and metonymical qualities that bound together the discourses of biology and politics than across biographical, directly political, or otherwise causal lines” (249). In other words, the authors are not making anything as obvious as an influence argument. We will not learn about Keynes, say, reading Cannon on homeostasis and having a lightbulb moment that helped him make sense of international relations in the aftermath of the Great War. What it does mean is that they find echoes, parallels, repetitions, replications, mutations, analogies, and other such relationships. On *The Economic Consequences of the Peace*, for instance, the authors make much of Keynes’s warning that the Versailles peace would further weaken “the delicate, complicated organization, already shaken and broken by war, through which alone the European peoples can employ themselves and live” (252), seeing this as an example of rhetorical transfer from biology to economics and international law. At other times they find appropriation. In Wiener’s *Cybernetics*, for instance, they note how the author repurposed Cannon’s homeostasis, perhaps via the intermediary of Arturo Rosenbluth, Cannon’s former collaborator, to understand the threats that always underlay complex integrated systems. Their claims about medicine are even more capacious. The integration–crisis duet, they suggest, enabled a subset of physicians from the 1920s onwards to make the case for a neo-Hippocratic approach to therapeutics. This meant watchful observation and intervention designed not so much to save patients from some dread disease as to work with nature to restore an internal equilibrium already always present in the body. That, in turn, posed “the



question of the doctor and patient as a duet" (300, another duet!) and led to stringent critiques of the welfare state and the entire system of medical standardization that underlay it. Eventually, the authors suggest, this line of thought dead-ended in "New Age medical humanisms" (xi) still with us today.

Perhaps unsurprisingly for a project so ambitious, this book is a difficult read. When I finished the prologue, I could not articulate the topic of the book, let alone roughly describe its argument. Reading the introduction did not clarify matters much. After working through the remaining chapters, the conclusion informed me that the book's claims were "straightforward." First, medico-physiologists confronted with wound shock during the Great War rethought individuality in terms of the integration-collapse-reintegration of complex coextensive systems. These integrated bodies were "brittle" in the sense that the integrated systems guarding them were fragile, so much so that even apparently small shocks could send the whole edifice into crisis. Second, this new model of individuality offered nothing less than "a new epistemology of the body [and] a new ontology, notably of patienthood." Third, this notion of the individual as always at peril of disintegration was "metaphorized" elsewhere, in fields as far-flung as politics, economics, and medicine (316–17).

That clarified matters somewhat, but did not resolve at least two significant challenges in this book. The first challenge is methodological. Drawing on an analytic tradition they call "conceptual-historical and anthropological" (viii), the authors track the interrelations of ideas, but evince little to no interest in the contexts that give them meaning and amplify, limit, alter, or squash their operation. By what logics, they ask, did researchers try to make sense of living bodies pushed to their limits? Their method is to look for "tangles and "knots." "Tangles" form through the repetition of words and ideas generated to make sense of the world. In this case, the authors identify the tangle of ideas and problems centered on integration and collapse, of the body as both fragile (brittle) and highly integrated (integrated because it was so fragile, fragile because it was so integrated). And they pause at the "knots"—case histories, shock, brain injuries—where the integration-crisis duet was produced. All of this is supposed to reveal a new conceptual web that came to inform thinking about systemic integration and collapse in a variety of other fields. That is an intriguing hypothesis, but without contextual analysis questions inevitably remain. Biological metaphors, as anyone who has studied the history of evolution will know, can be remarkably protean; they are as likely to have social origins as social variants are likely to have scientific ones. Usually, it is impossible to assign primacy to either realm. And then there is the problem of historical events outside the realm of ideas. Physicians finished the Great War shaken, for instance, but their crisis of confidence pre-dated wound shock and even the war itself. Fully aware that their diagnostic power had increased significantly over the previous century (recall Cannon and his X-rays of the stomach), they also knew that their curative power had not kept pace. As a result, physicians had begun the move to neo-Hippocratism already in the 1890s, long before the puzzle of wound shock appeared. Did these eight medico-physiologists really have the revolutionary impact the authors claim? Without contextual analysis, it is hard to judge. If lack of attention to context is the first challenge in this book, the other one is style. "It was in the shade of these other literary and political commitments," the

authors note in a typical passage, “that physiological integrationism spread its politico-economic wings. In its appeal, physiology walked alongside legal and economic theory, as well as political and theological accounts of a threatened social equilibrium” (255). Clearly, something interesting is going on here, but the various metaphors of ideas spreading wings, walking alongside one another, and being in the shade of other ideas obfuscate rather than clarify. It is often hard to tell, in other words, just what the authors are saying.

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So, to return to the opening question, why should intellectual historians care about the history of medicine? Taken together, these two books offer a variety of answers. Both, of course, engage a cluster of topics—subjectivity, the self, the modern individual—about which intellectual historians have written a great deal. But they do so from an angle that has largely been neglected: medicine. Eghigian’s book carefully unpacks how experts in the human sciences invented the language, tools, and data they needed to explore the inner lives of their patients, and in so doing demonstrates the value to intellectual historians of attending to crime. It shows, moreover, that ideas motivating these interventions were of a piece with a whole constellation of values, laws, policies, and political ideologies. Eghigian’s contextualist approach reveals, finally, that ideas worked out in unexpected and often disappointing ways in the field. As an expert in the human sciences with whom I recently participated in a thesis defense ruefully commented, “in my own field [nutrition], culture eats policy for breakfast.” *The Human Body in the Age of Catastrophe* is also interested in the individual, but takes a much more idea-centered approach to its topic. Criticism about the absence of context aside, perhaps the most important service that Geroulanos and Meyers have done for intellectual history is to suggest that medico-physiologists were, in fact, intellectuals and that their ideas catalyzed lines of twentieth-century thought well beyond the clinic or the laboratory. That seems a valuable and necessary first step in widening the conversation between historians of medicine and intellectual historians.