

chiropractics. The final chapter considers the continuation of all these traditions within New Age healing.

Haller's concentration on the American manifestation of Mesmer's and Swedenborg's ideas allows him to document, in some detail, the New Age movement's complex genealogy, but also means that he is necessarily brief in his descriptions of the spread of American movements, such as spiritualism, to Europe and beyond. While this brevity is entirely understandable, there are some instances where broad statements about the reception of such movements are unsupported or non-illuminating. The claim that Europeans were more sceptical of spiritualism than Americans (pp. 144–5), for example, begs a range of questions, including 'in which European countries was this the case' and 'why'?

While Haller's book provides a useful synthesis of the disparate mystical, spiritual, and communitarian movements that have, in some sense, been heir to the ideas of Swedenborg or Mesmer, it remains doubtful whether his account adds any analytical depth to our understanding of nineteenth- and twentieth-century American alternative medicine and religious practice. Much of the material Haller uses, and the trajectory and links that he highlights, have long been apparent in the work of historians such as James Webb, Laurence R. Moore and Brett E. Carroll, who have all written on occultism and spiritualism in the American context. The attempts at scientification that Haller highlights among New Age healers, which he stresses serve to undermine the mechanistic science from which they draw authority (p. 231), have also been dealt with elsewhere and in more depth by sociologists such as David J. Hess, whose book *Science in the New Age* (Madison, WI: University of Wisconsin Press, 1993) provided a probing analysis of the relationship between science and the New Age movement.

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Jan Goldstein, *Hysteria Complicated by Ecstasy: The Case of Nanette Leroux* (Princeton, NJ: Princeton University Press, 2010), pp. xi + 246, £20.95/\$29.95, hardcover, ISBN: 978-0-691-01186-8.

The body, Sigmund Freud observed, is a vessel of meaning. Creating symptoms, speaking the unspeakable, it is a psychological battlefield where illness is *played out* – a symbol.

Freudian hysteria, of course, was symptomatic: it revealed the pathologies of an era, the ills and drama and fantasy of *fin-de-siècle* imagination. If the mythical female malady has generated a plethora of contemporary commentary, studies on cases of the pre-Belle Époque variety remain relatively scarce. Here, Jan Goldstein presents a previously unpublished manuscript that she has brought to life in two sections, a translated excerpt of the original nineteenth-century document preceded by a substantial twenty-first-century analysis.

Nanette Leroux, a peasant girl living in Savoy under the Piedmontese Restoration, starts manifesting nervous symptoms in the early 1820s after having been assaulted by a rural policeman. Convulsions, lethargy, catalepsy – all appear to the eighteen-year-old girl in *bona fide* hysterical form. Following Nanette's failure to respond to various treatments, a respected physician and owner of a celebrated therapeutic spa resort, Dr Antoine Despine (1777–1852), decides to admit her as a charity patient, using the methods of hydrotherapy and 'animal magnetism' (later renamed 'hypnotism'). Shortly following the three-year treatment, Despine entrusts his notes to Dr Alexandre Bertrand (1795–1831), a promising Parisian physician writing a large (eventually unfinished) opus on catalepsy, ecstasy, magnetism and somnambulism. It is this text – Bertrand's, with some of Despine's original passages – that constitutes the aforementioned manuscript.

Why is this story interesting? Its format, for one thing. The Leroux case, Goldstein remarks, presents an 'excessive length' for the

1820s. 'I was interested in finding out why this patient. . . inspired so much investment on the part of her doctor that he departed from the scientific norms of his day' (pp. 3–4). That 'norm' had found its exemplary form in the short *historiettes* inaugurated by Philippe Pinel around 1800. Yet, Goldstein continues using a characteristic Freudian analogy, Bertrand's narrative reads remarkably like one of the Viennese's late nineteenth-century case histories. In that sense, because 'Nanette manages to overflow the bounds of the standard case' (p. 4), because she 'defies the conventions of the genre' (p. 20), does she become particularly interesting.

But it is not only Nanette who is revived in these pages. In the second chapter the author elegantly paints the panoply of background stories that opened up to her while researching that case. Contexts: 'How many are enough?', (p. 18) Goldstein asks. Evidently, countless – and one swiftly plunges into these 'continually multiplying' (p. 20) windows on the bucolic alpine canvas here portrayed: Savoy under the repressive political climate of the Piedmontese Restoration (1814–60); the therapeutic spa; the consumer, religious and medical cultures of the time; the notion of spectatorship in science; and Despigne's relationship with his wife, the other 'defiant woman' in his life (p. 73).

This book, in fact, is all about contexts. So pervasive does Goldstein make this backdrop to Nanette's story that the protagonist ends up effectively assuming a secondary role. Indeed, while the author makes the 'feist[y]' girl defy the classic Foucauldian myth of the psychiatric subject (p. 15), Nanette remains silent from both Goldstein's and the nineteenth-century doctors' accounts. Throughout the narrative – polyphonic, multifocal, multilayered – the patient's voice is ultimately never heard directly; and the historian appears to downplay this important piece of her Savoyard puzzle.

Goldstein nevertheless goes to lengths to emphasise the 'inbuilt polyphony' (p. 6) of Bertrand's tale, bringing out the various discords between the two physicians. The extraordinary nature of the symptoms

exhibited by the patient under 'somnambolic' state, for example, acts as an arena in which to play out their theoretical disagreements. Yet, both doctors converge in their 'failure to recognize the sexual' (p. 109). Why? Here, the author draws on a Foucauldian interpretative model. Neither Despigne nor Bertrand, Goldstein argues in light of the *History of Sexuality I* (1976), automatically resorted to a sexual aetiology because they were writing in a discursive universe *prior* to 'sexuality', as it was to be later understood.

In that sense – and here the author turns to a Freudian model – Nanette's remarkable self-cure becomes charged with meaning. At times playing the role of her own doctor, the young woman dictates her own treatment. This includes repeated requests to own a 'timepiece' (watch), an object through which she has found a way to self-regulate. It also includes a therapy through a bath which, taken one day and accompanied by what Goldstein interprets as an 'orgasm', alleviates her symptoms. This bath scene thus operates a miraculous cure and, through it, the young Nanette uncovers a significant aetiology: sexuality.

It is an interesting and original piece that the author of the classic *Console and Classify* (Cambridge: Cambridge University Press, 1987) presents here, not least because of the difficult task of translating a decidedly complex manuscript. One can read in Goldstein's account many things: a play on the psychiatric case; a distortion of the practice of writing/reading; a gendered reading of the history of medicine revealing yet another angle of the famous psychiatrist–patient dyad. The author's concern for embedding this micro-history in its macro-history proves a task too-frequently overlooked, and its presentation through the ever-expanding contexts is achieved admirably. The book also sheds light on Bertrand and Despigne, two major but under-researched figures of French medical history.

Yet the most significant contribution of *Hysteria Complicated by Ecstasy* undoubtedly resides in its move away from the classic

urban *fin de siècle* setting. Charcot's Salpêtrière no more: offering insight into an unorthodox medical treatment in an early nineteenth-century spa town, Goldstein invites the reader into unfamiliar territory. Whether or not one fully agrees with the author's analyses, the book provides a distinctive glimpse into the life and cure of an 1820s 'hysterical' patient – a woman, in sum, resolutely modern.

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David McLean, *Surgeons of the Fleet: The Royal Navy and its Medics from Trafalgar to Jutland* (London: I.B. Tauris, 2010), pp. xiv + 296, £27.50/\$55.00, hardback, ISBN: 978-1-84885-284-6.

Taking the period between Trafalgar and the Great War as its focal point, a time when 'the navy was a sprawling institution influencing and influenced by changes at home and abroad' (p. xiii), *Surgeons of the Fleet* is David McLean's meticulously researched account of this significant era in British naval medicine. As has been established by earlier works such as John Keevil's *Medicine and the Navy: 1200–1900*, 2 vols (Edinburgh: Livingstone, 1957–8) – a starting point for any exploration of the subject, as McLean acknowledges – it was disease, not combat-related injuries, that accounted for the bulk of a navy surgeon's work, both at sea and at the numerous naval hospitals that dotted the south coast and international ports. Thus, a surgeon's primary task was rarely surgery, but more usually that of preventing or controlling disease outbreaks which could seize a vessel in a matter of days; *Britannia*, stationed at Sebastopol in 1854 as part of the naval action in the Black Sea, was a particularly tragic example, with 112 men lost to cholera in the space of two weeks, including a single day when fifty men died. The harsh reality of naval life played havoc with sailors' bodies,

and the crumbs of comfort that could be provided by drink and sex meant that alcoholism and venereal disease ran rampant throughout the lower ranks of the Navy.

Yet McLean also peels away some of the more familiar stories of life at sea to draw out an illuminating picture of the bureaucratic nightmare involved in organising the medical care of the Navy. Naval surgeons lived in the shadow of the unknown; hospitals could be virtually empty at times of peace but an outbreak of war meant that an institution could abruptly find itself filled to the rafters. The fluctuating patient numbers were troublesome; hospitals attempting to negotiate an increased budget or an extra surgeon were less likely to have success if the number of patients was low, and matters were not helped by the scarcity of available doctors. In stark contrast to the oversubscribed army medical service, the inferior rank of medical men within the Navy, combined with the poor pay and unappealing lifestyle, meant that recruitment was frequently difficult. This would prove to be a constant source of irritation to the Admiralty, who reluctantly resorted to recruiting young and inexperienced student dressers to fill vacancies during both the Crimean and Great War. Those who did apply were often deemed to be poor quality candidates, the Director-General of the medical division, Sir James Porter, waspishly contending in 1890 that they were the 'waifs and strays' (p. 227).

McLean, however, argues that the labelling of naval medicine as an inferior cousin to both its army and civilian counterparts was somewhat unfair. The appointment of medical commissioner William Burnett in 1822 had been a major turning point. A kindly man, despite the constant strain under which he worked, Burnett spent thirty-three years acting as the go-between for the Admiralty and the hundreds of navy surgeons that he represented, negotiating stores, pay rises and new hospitals. Burnett oversaw significant improvements in the medical service, from promoting the value of rigorous record keeping in his staff, to