Document généré le 16 avr. 2024 21:58

Scientia Canadensis
Canadian Journal of the History of Science, Technology and Medicine
Revue canadienne d'histoire des sciences, des techniques et de la médecine

Body Counts: Medical Quantification in Historical Perspective / La quantification médicale. Perspectives historiques et sociologiques. Edited by Gérard Jorland, Annick Opinel, George Weisz. (Montréal: McGill-Queen's University Press, 2005. x + 401p., index. ISBN 0-7735-2925-x $34.95)

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Volume 31, numéro 1-2, 2008

Natural Science in the New World: The Descriptive Enterprise

URI : https://id.erudit.org/iderudit/019777ar
DOI : https://doi.org/10.7202/019777ar

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Éditeur(s)

CSTHA/AHSTC

ISSN

0829-2507 (imprimé)
1918-7750 (numérique)

Découvrir la revue

Citer ce compte rendu

Smith, R. (2008). Compte rendu de [*Body Counts: Medical Quantification in Historical Perspective / La quantification médicale. Perspectives historiques et sociologiques*. Edited by Gérard Jorland, Annick Opinel, George Weisz. (Montréal: McGill-Queen's University Press, 2005. x + 401p., index. ISBN 0-7735-2925-x $34.95)]. *Scientia Canadensis*, *31*(1-2), 209–212. https://doi.org/10.7202/019777ar

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be very prestigious. However, radium was extremely expensive as production was essentially controlled by one company. A useful supply of radium would have cost the equivalent of about five million of today's dollars. Organizations used the analogy of the recent triumph over infectious diseases such as tuberculosis in campaigns to raise public awareness and entice donors to open their purses to raise such enormous sums.

As in other facets of health care delivery (ref Steps on the Road to Medicare C Stuart Houston McGill-Queen's University Press, Montreal 2002) Saskatchewan led the way in the introduction of a coordinated cancer control program. The organizational chart from the early 1930s shows a remarkable clarity of purpose. The Saskatchewan experience prompted action in other parts of the country, but this was not always so easy and even after the Second World War the situation in Ontario was a hybrid of centralized clinics and private practice. However, all provinces had some cancer programs by this time and there was the potential for better communication after the establishment of the Canadian Society for Cancer Control.

Dr Hayter bookends the story of radium treatment with short chapters on cancer care today and the continuing challenges, which he believes can be traced back to the tensions which have existed in different forms for many years. He ends with an optimistic view that current national coordination efforts such as those of the Canadian Strategy for Cancer Control are moving in the right direction. Extensive footnotes and bibliography, nearly 60 pages in all, will satisfy even the most demanding of readers. This reviewer would have liked a little more about hot springs or spas, which were and are famous for their slightly radioactive therapeutic water, but perhaps this deserves another tome!

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Body Counts: Medical Quantification in Historical Perspective / La quantification médicale. Perspectives historiques et sociologiques. **Edited by Gérard Jorland, Annick Opinel, George Weisz.** (Montréal: McGill-Queen's University Press, 2005. x + 401p., index. ISBN 0-7735-2925-x $34.95)

Body Counts is an edited collection of articles that emerged from a colloquium "devoted to medical quantification from its beginnings in the eighteenth century to our own day" organized by the editors in order to

pursue more fully a fruitful intellectual dispute that brewed between two of them for some time (p.4). The book presents an historical topography and is primarily concerned with the presentation of historical detail. "In taking the perspective of the longue durée, the volume seeks to bring to the surface the changing nature of quantification in medicine as well as some of the enduring difficulties and tensions inherent in its application" (p.4). Should you be concerned for the historical detail of the 'changing nature of quantification in medicine' in any of the time periods and areas covered, these articles will provide a cache to be mined.

However, given the mass of empirical data reviewed, epistemological and theoretical historical and sociological insights occur infrequently. In several instances the historical or sociological insight was presented merely in conclusion or, if presented earlier, was not a sustained effort. At the extreme, I found the articles sometimes list-like, without any elaborating any argument. This lack of attention to theoretical insight was various across the articles however and I suggest that this lack of attention to sustained historical or sociological argument is to be found at the editorial, rather than the authorial, level.

I found "Quantification and Instrumentation" the most compelling section and several articles from it exemplify what to my mind were both the strengths and the weaknesses of the book generally. Ann F LaBerge in "Medical Statistics at the Paris School: What was at Stake" presents a nuanced analysis of the ways in which the debate over medical statistics informed broader arguments about society and culture. However, her statement that "[i]t is important to reconsider these classic stories in light of changing historiographical concerns and new ways of thinking about quantification historically and in present day medical science and public health" (p.89), points to what I see as a lack of epistemological concern within the project. This is because LaBerge does not tell us why it is important to reconsider classic stories now. I would think this would be particularly important especially insofar as she is discussing historiographical concerns and ways of thinking about history and sociology. Indeed, LaBerge goes on to say that she "*considers* the controversy over medical statistics at the Paris school" (p.90; italics are mine), but does not tell us how she approaches the matter. If the editors were not concerned that LaBerge tell her readers why they should think the matter important, I suspect it simply wasn't important to them.

"Standardizing Body Temperature" by Volker Hess was an enjoyable account of the practices by which quantitative methods were standardized and deployed in hospitals and daily life. Hess renders an account of the "stages in the standardization of instruments and measurement practices" (p.110) concerned with body temperature and considers the back and

forth between the developing technologies and the social relations into which they were fitted. Hess effectively shows us that quantification technologies were "embedded in a set of actions and produced and related meanings" (p.122). However, throughout the book a lack of engagement with the theoretical frameworks informing the histories weakened the writing, and Hess's piece was one instance. In his article Hess writes, "I wish to demonstrate that the instrumental quantification of morbid states took on very different meanings that we cannot understand simply in terms of Foucault's concept of normalization" (p.109). Clearly this is a remark meant to move us away from Foucauldian historical techniques and forms of analysis, but surely simply moving away from Foucault does not mean leaving theoretical frameworks behind altogether. What then were the meanings of instrumental quantification of morbid states different *from*? From what Foucault would have them? From each other? From the analyses of morbid states which preceded their quantification? Hess's article is strong and this is merely an instance of dropped grammar, but it is an essential point to the grammar of argument. I suggest, therefore, that this is an instance of the lack of editorial attention to sustained argument, which is the book's weakness.

Christian Sinding's article, "Les multiples usages de la quantification en médecine" renders the connection between the quantification of clinical practices dealing with diabetes and an historical moral regulation of diabetes and suggests that a moral dimension has been constitutive of medical practices surrounding diabetes even through quantification. Sinding develops his argument nicely by first discussing Claude Bernard's work on blood sugar and Bernard's conclusion that the quantification of medicine would purge the concept of illness of any moral overtone. Sinding then elaborates upon the historical record to show that the quantification of diabetes and its treatment was inseparable from a moral regiment and that measurement and quantification were used to the ends of different moral regiments. Sinding reviews contemporary clinic trials but suggests that the lessons learned form the trials could not be translated into practice. To conclude, Sinding uses the lack of translation from the clinical domain to the practical domain to argue for the persistence, therefore, of moral regulation in diabetes therapies. However, because the results of contemporary clinical trials do not translate into contemporary practice, Sinding does not investigate the data or the process of the contemporary clinical trials for their moral dimensions the way he does the historical data. Therefore, the recounting of the contemporary instance of quantification in relation to diabetes does not contribute to the argument here. It is merely another instance of quantification of medicine, added to the list.

I admit that my suspicion that the list-like tendency in the articles was encouraged at the editorial level was born upon reading Weisz's "From Clinical Counting to Evidence-Based Medicine" in the book's "Afterthoughts". In this article Weisz confesses that in preparation for the conference on which the book was based, he performed a search on PubMed "for articles that contained the term 'evidence-based medicine'" (p.382). That is to say, Weisz prepared himself for the conference by making a list. There is a bizarre resonance between the topic at hand and the approach taken to the project. That is, both are attempts to render quantitative accounts of dynamic processes.

A final difficulty I had with the book was the lack of definitions. Throughout, authors would introduce terms and actors without definition or explanation. If you are already familiar with some aspect of the quantification of medicine and wish to expand your empirical arsenal, this is a fine resource. These are intelligent articles that present masses of empirical data and research, which can only impress. The project would have benefited, I suggest, from a firmer edit.

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***The Fall of an Icon: Psychoanalysis and Academic Psychiatry*. By Joel Paris.** (Toronto: University of Toronto Press, 2005. 226 p., ISBN 978-0-8020-3933-0 hc. $53 978-0-8020-3772-5 pb. $29.95).

The last half century has seen a sea-change in the fundamental orientation of academic psychiatry in North America. At mid-century, and through the early nineteen-seventies, psychoanalysis was firmly in the saddle. Its acolytes occupied virtually all the commanding heights of the profession, such as they were. The chairs of all but a handful of the university departments in those years were analysts by training and persuasion. Psychiatry attracted growing numbers of applicants for its internships and residencies, and the best of these supplemented their university training with personal training analyses at powerful analytic institutes that remained separate and at a distance from medical schools. Psychoanalytic training was the ticket, if not quite the *sine qua non*, for a successful career as an academic psychiatrist. And high status practice largely consisted of office-based psychotherapy. Patients with severe and chronic forms of mental disorder were for the most part marginalized and ignored by the professional elite, who much preferred their affluent outpatient clientele. At least in theory, psychoanalytic treatment was seen