



Emilie Egger // Review of Lydia Kang and Nate Pedersen. *Quackery: a Brief History of the Worst Ways to Cure Everything*. New York: Workman Publishing Company, Inc. 2017.



The publishers of *Quackery* promise “67 shocking but true medical misfires that run the gamut from bizarre to deadly,” and the book’s authors are well-suited to this task. Lydia Kang, MD practices medicine and is a published author of adult and young adult fiction and nonfiction; Nate Pedersen works as a librarian, historian, and journalist. They combine their expertise to catalog and describe some of medical science’s greatest blunders in an approachable narrative.

Within the book’s five subcategories (e.g. “Elements,” “Animals”), Kang and Pedersen introduce each of the remedies, antidotes, or methods with a catchy anecdote, which they follow up with historical context and a look at the remedy over time. With their description of the peculiar, bizarre, and appalling means people have taken throughout history to maintain and enhance their health, these vignettes form the hook of *Quackery*. These include cocaine-infused Bordeaux wine enjoyed by Alexandre Dumas, Henrik Ibsen, and other nineteenth-century literary stars (103) and people consuming clay with the hope that it will absorb “toxins” in their bodies, a routine continued by some to this day (117). More familiar (though not necessarily less interesting or horrifying) methods catalogued in the book include bloodletting, lobotomies, and enemas, all of which can be found in the “Tools” section.

Numerous illustrations accompany each chapter and add a visual dimension to the shocking tone of the book. Kang and Pedersen include additional insert sections on other tantalizing cures that don't neatly fit into the subsections. Together, these elements form a solid primer of bygone remedies and contemporary treatments that deserve a critical look from historians and all people who receive health treatment.

Indeed, the book is most illuminating in chapters that chronicle cures that have occupied various points on the spectrum of completely obsolete to observed medical science; Kang and Pedersen repeatedly and skillfully engage the line between "then" and now. One example readers could find familiar: anesthesia. The authors seamlessly sketch erstwhile methods for putting patients under alongside contemporary practices of anesthesiology in a way that makes the reader wonder what a book on bygone medical theories written 50 years from now will have to say about our own health-care procedures (205).

Other disquieting examples include the practice of surgery itself, medical fasting, and therapeutic radium, all of which have come a long way from their original uses and standards, but retain their status as a "cure" or necessity in some format. (The chapter on opiates is especially provocative in this regard.) Within these examples lies the implicit business of the book: destabilizing the concept of quackery itself, in order to think about medicine as many sets of historicized beliefs and practices.

While the authors allude to this goal in the introduction, *Quackery* would have benefited from a more explicit challenge to (or at least historicization of) the concept of quackery to guide their readers through the chapters that follow. Regardless, Kang and Pedersen add nuance to discussions about medical truth and fraud. While some of the so-called cures included in the book were touted by fraudsters, many were proposed by health-care professionals who really believed in them (vii).

With this in mind, each of the practices catalogued in *Quackery* accentuate the "public's need to trust an expert," and how much trouble vulnerable patients can fall into within the power dynamics of health-care structures. Kang and Pedersen address the need for future popular studies of religious-based medicine and medical science based in racism. This book forms a solid primer for some of these cures to prompt readers to think about the ways medicine is situated in contemporary society and produce studies of their own.

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