**Book Reviews**

**Harold J Cook, Matters of exchange: commerce, medicine, and science in the Dutch golden age, New Haven and London, Yale University Press, 2007, pp. xiv, 562, illus., £25.00, $35.00 (hardback 978-0-300-11796-7).**

Everyone knows the Dutch are practical, hard-headed, sensible types, good at business and even better at social organization. Much of that reputation was forged in the Dutch Golden Age. Curiously, however, and despite their undoubted position in a developing world economy and in international politics, the Dutch have otherwise remained more or less on the margins of European history. Or, people have regarded the Dutch Republic as some strange semi-aquatic beast, more connected to the British Isles than the continent. Simon Schama’s influential *The embarrassment of riches* (1987) also projected a sense of Dutch peculiarity. More recently, however, a series of scholars have re-thought and re-situated the Dutch experience. In a number of works, Jonathan Israel has made the Dutch central to *European* history, as, for instance, progenitors of Enlightenment and of the democratic and republican politics more frequently associated with the French or the English. Now, Harold Cook argues for the centrality of the Dutch to the sea-change in ideas that we once facilely called the “Scientific Revolution”. His book is a profoundly convincing contribution to the history of European intellectual history and one based on exceptional erudition.

Science, we now recognize, is not disinterested and this realization guides Cook as he blends the history of commerce with that of science and medicine in the Dutch Golden Age. “By looking at . . . science in this way”, Cook notes, we observe how “the new philosophy arose not from disembodied minds but from the passions and interests of mind and body united” (p. 1). It was, he insists, no coincidence that the “beginnings of a global science occurred during the period of the rise of a global economy” (p. 416). *Matters of exchange* demonstrates how the values of commerce—its ways of discovering new things, of determining truth, and of assigning worth—were identical to the precepts of the new philosophy. Cook stresses the criticality of accumulation and exchange of knowledge as the *primum mobile* of this new philosophy, because “[g]lobal trade encouraged materialistic exchanges” (p. 377). The production of knowledge remained important, but the movements of goods and the collection of objects did more than merely stack facts. Such transactions altered the ways people thought about knowledge and shaped its generation. Above all, a “refusal to speculate” and a taste for “simple things” dominated. Success in commerce required a fine appreciation of specifics and of what was—and was not—“real” or worthwhile. It demanded and cultivated a deep comprehension of the material world combined with, and driven by, the passions, that is, of self-interest in the Mandevillian sense. Bernard Mandeville’s Philipirio—or lover of experience—personified the merchant and the empire-builder, but also the *liefhebber* (the connoisseur of, for example, flowers) and the man of medicine. All united in contiguous and synchronous quests to understand the world about them. These new perceptions rested on what the Dutch call *kennen*—that is, acquaintance—rather than *weten*—knowledge of casual explanations. It was travel, exchange, and a ceaseless “to-ing and fro-ing”, that produced not only knowledge of things, but also nurtured new ways of *seeking* knowledge and eventually endowed knowledge with novel meanings.

In building his argument, Cook draws on an enormous amount and variety of material, and relies on the skills of the biographer, the intellectual historian, and the historian of science. The author’s enviable command of an extensive historical literature shines through
especially in his ability to situate each person, each object, and each thought in its various milieus. And what an adventure it is for the reader as Cook skilfully captains us across the globe. We sail with the traders of the East India Company out to Batavia and back, and botanize with the physician Jacobus Bontius in Java. We chase butterflies and caterpillars with Maria Sybilla Merian in Surinam, follow Dr Willem ten Rhijne to far-off Japan, and accompany the physician Willem Piso to Brazil. But the story is also grounded (often literally!) in Europe: in the hortus botanicus in Leiden, in the sojourns of Descartes in the Low Countries, and in the politics of the Dutch Republic. The range of topics Cook successfully integrates into his analysis is breath-taking and if the reader is sometimes left a little breathless, he or she also feels that the effort pays great dividends.

Medicine and natural history were the “big sciences” of the early modern period and medical men play a particularly consequential role here. Many new philosophers trained as physicians, travelled to distant lands, and compiled natural history tomes. Cook devotes a goodly percentage of his pages to analysing their several roles in “matters of exchange”. While some physicians, such as Georg Stahl, never abandoned a search for the ways in which God controlled the physical world and still “went far in their speculations” (p. 409), many others did not. Physicians like Herman Boerhaave did not turn their backs on reason, despite dethroning her. She became instead a handmaiden to new goddesses: Observation, Experience, and Experiment. Boerhaave, like Thomas Sydenham, privileged scrutiny over speculation. This shift worked the real revolution in medicine and natural philosophy: one no longer sought wisdom or knowledge for its own sake, but rather knowledge for its practical applicability.

For far too long affairs of business and commerce have been shoved off to the margins of historical writing. The “money-grubbing” merchants of the Dutch Republic (or other commercial centres) have often been stereotyped as philistines little interested in “pure” knowledge (if such ever existed) and singularly uncurious about anything that did not enrich them. Cook explodes these myths and places the man of exchange (admittedly not necessarily the man of commerce or business) at the heart of European intellectual life. It is a brilliant insight and his book is an important achievement. Admittedly, readers may sometimes feel overwhelmed by the wealth of information or a little baffled by what seem extraneous (if always engrossing) details. One might also quibble that Cook perhaps overplays practicality as the driving force behind the desire to know and perhaps underestimates the role of wonder or curiosity. Such tiny gnats of criticism, however, in no way detract from what is a strikingly good and strikingly original scholarly accomplishment, as well as a beautifully produced and reasonably priced volume.

Mary Lindemann, University of Miami

Joan Thirsk, Food in early modern England: phases, fads, fashions, 1500–1760, London and New York, Hambledon Continuum Press, 2007, pp. xx, 396, £37.99, $65.00 (hardback 978-1-85285-538-3).

Food in early modern England is a nuanced and exhaustive study of food habits and changes in food consumption in England between 1500–1750. Drawing on an array of sources that includes food writers, probate records, diaries, cookery books, literary figures, and household management and husbandry guides, Thirsk focuses on the meticulous detail of what, exactly, the English ate and drank in this period.

Thirsk’s aims are threefold: to acquaint the reader with the diversity of foods in early modern England and thereby counter the idea that earlier diets were monotonous; to demonstrate regional and class variation in foods eaten; and to present both early modern food fads and gradual overall changes to England’s diet. Throughout the book, she makes an effort to give all of these subjects considerable weight. Thus Food in early modern England
is structured both chronologically and topically. The first seven chapters present gradual trends in food use in fifty-year periods from 1500–1760. Chapter 8 focuses on regional and social patterns of diet, and Chapter 9 gives a “closer look” at a number of different food types: bread, meat, fowl and eggs, fish, dairy foods, vegetables and herbs, fruit, drinks, and condiments and spices.

Thirsk argues that the English diet was far from monotonous even at the beginning of the period under consideration, but she also presents a lucid story of England’s gradual inundation with new foods. This transition happened relatively quickly in London and other busy ports and far more slowly in rural, inland regions, but the steady influx of new foodstuffs spread widely. Traders’ importation of foreign foods is only part of the story: travellers also introduced unfamiliar eating habits to England, such as the Italian fashion of dressing salad leaves with olive oil and vinegar. Many new trends made use of existing resources. Butter and cheese, for example, were not eaten widely in England until travellers observed their ubiquity in Germany and the Low Countries. Gardening became a fad in aristocratic circles in the sixteenth century, leading to the cultivation of both foreign and domestic fruits and vegetables such as strawberries, cucumbers, radishes, and sweet cherries. These trends were most obvious in London and among the gentry, but Thirsk provides evidence of a slow trickle out to the countryside and down to the lower classes.

Aside from the introduction of new foods, Thirsk points out other developments that changed the English diet. Frequent cycles of poor harvests from the late sixteenth century prompted a continual search for famine foods, eventually encouraging the cultivation of the potato, while the English Civil War spurred on the dairy industry after butter and cheese became indispensable soldiers’ foods. New pickling methods drastically improved the ability to preserve foods, and the addition of chimneys to houses changed the way it was cooked. Commercialization, moreover, began to alter approaches towards gardening and animal husbandry: London foodmongers’ reliance on hothouse vegetables and stall-fattened animals drew criticism in the eighteenth century, reminiscent of similar protests in our time.

Food in early modern England is a nuanced and thorough book, and it presents the reader with a gold mine of information. Occasionally one can get lost in this barrage of data, but Thirsk provides enough anecdotes to keep the narrative moving along. Among her most effective themes is her evocation of a lost world of taste. Strong salad leaves, rye pastry, distilled herbal essences, and barberries are among the once-prevalent flavours that have slipped away, and a sense of nostalgia for these vanished foods pervades the book. The paucity of sources on rural and lower-class people forces Thirsk to devote the most space to food patterns in London and among the gentry, but she recognizes this problem and offsets it with details about the habits of “ordinary folk” whenever possible (although finicky readers might question her vague use of the term). Occasionally the book suffers from repetition: in particular, the last two chapters recapitulate a number of details mentioned earlier. Historians of medicine, moreover, might wish to see the relationship between food and medicine teased out a bit more. These minor points aside, Food in early modern England is an informative and impressive book, and it convincingly demonstrates that the early modern diet was at least as diverse as our own.

Alisha Rankin,
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Leonard Smith, Lunatic hospitals in Georgian England, 1750–1830, Routledge Studies in the Social History of Medicine, New York and London, Routledge, 2007, pp. xvi, 288, illus., £70.00, $120.00 (hardback 978-0-415-37516-0).

This useful study moves on from Leonard Smith’s first book: ‘Cure, comfort and safe custody’: public lunatic asylums in early nineteenth century England (London, 1999). Also sharing its strengths, it is based on original
archival research as well as bringing together much secondary literature, presenting a well-informed, readable and sensible overview of an emerging sector of institutionalized care for the insane. Where William Parry-Jones’s influential *Trade in lunacy* (London, 1972) focused on private madhouses, and where most scholars of the nineteenth century have concentrated on the public asylums of the Victorian age, Smith’s main interest is in celebrating the subscription or voluntary hospitals of George III’s reign, either those specifically for the insane or adjuncts of generalist institutions that catered for sufferers from mental disorder. He argues that they mark “a critical development not only in actual material provision, but also in philosophy, attitudes, and policy” (p. 2). While notably Georgian, these philanthropic beacons manifested the benign union of economic individualism and social corporatism that marked English society since the Middle Ages.

Starting with St Luke’s in 1751, Smith charts a period of changing ideas about madness and about society that led to a transition from mainly private, extra-mural care to the public asylums, which began to open up after 1808 and mushroomed after 1845. Keenly aware of the financial realities behind the aspiration of provision, he points out that private and public intermingled throughout his period (especially outside London) and that the model created by voluntary provision was carried into the era of county asylums. The book takes a traditional approach to the history of medicine in the manner of Anne Borsay or Anne Digby, presenting large amounts of information about the management, staffing and workings of institutions, with patients more (“proper”) objects of concern and care (i.e. problems) and only secondarily subjects of interest in their own right (ch. 5). Chapter 4 is titled ‘The physician’s domain’ (including his social world) and well-known medical men like William Battie, James Currie, John Ferriar, Alexander Hunter and Samuel Tuke figure prominently throughout the analysis. Smith engages with traditional debates too, such as the nature, prevalence and rationales for mechanical restraint and the development of moral therapy and moral management; were asylums designed to cure or contain? In many regards, the findings reinforce the emerging picture of nineteenth-century asylums: for example, patients tended to be poorer people from a local catchment area who were a danger to themselves or the community.

Good on legislation and the political context, Smith touches on legal aspects (e.g., pp. 111–14) but those who want a fuller discussion of this central component of our understanding of care for the mentally disabled will have to look at Peter Bartlett’s or David Wright’s work.

Evidence-driven rather than theoretical, the book might have been punchier for confronting more directly the politically charged frameworks of Michel Foucault or Andrew Scull. We already know quite a bit about York asylum, but one of the book’s many strengths is that it ranges over the whole voluntary “sector” from Newcastle to Exeter, pointing out similarities and contrasts: for example, lunatic hospitals were sometimes closely integrated with their parent institutions (Manchester or Liverpool) but were sometimes quite separate (York). Yet it would not have hurt to offer more extensive comparisons with Scotland, important not only because its Georgian universities trained most of the physicians practising in England but also because its modern historians (e.g. Andrews, Lobban, Rice and Walsh) have produced some excellent work on early-nineteenth-century voluntary asylums. The different social and political environment there should throw up some interesting parallels and differences that would help to fine-tune analysis of the reasons for both variations and change in voluntary provision within England.

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W F Bynum and Helen Bynum (eds), *Dictionary of medical biography*, 5 vols, *Dictionary of medical biography*, 5 vols, Westport, CT, and London, Greenwood Press, 2007, total pp. 1667, illus., £425.00, $749.95 (hardback set 0-313-32877-3).

This is an impressive addition to the existing number of dictionaries of medical or scientific
biography which, given the potential of the subject, is still surprisingly limited in scope. This dictionary is particularly to be welcomed for its inclusive coverage across medical systems, time periods and cultures.

The first third of volume one sets the tone for this cross-cultural collection with six fascinating introductory essays, each with a helpful bibliography: ‘The Western Medical Tradition’ (Stephen Lock); ‘The Islamic Medical Tradition’ (Nikolaj Serikoff); ‘Medicine in China’ (Vivienne Lo); ‘Medical Traditions in South Asia’ (Guy Attewell); ‘Medical Traditions in Southeast Asia: from Syncretism to Pluralism’ (Laurence Monnais); and ‘Medicine, State and Society in Japan, 500–2000’ (Akihito Suzuki.) Using anthropology as well as history, several of these are particularly valuable in looking at the interconnections between medical traditions, at their crossovers and exchanges, and often at a dynamic mix of the modern and the traditional that might aid a revitalization of the latter. References to the contextual influence of the market, of political change, or of culture make for stimulating analyses, whilst significant perspectives are provided on long-term developments. With such riches it is perhaps churlish to regret what is not there, but a second edition could usefully provide similar introductions to medicine in Africa, and in the Americas as well.

The component entries of the dictionary are concise, interesting and have sources listed at the end. The scope of the collection is suggested by the first entry being for Maude Elizabeth Abbott (one of the first modern medical women in Canada) and the last for Ibn Zuhr (a medieval practitioner, with a practice in Seville). In between there are another 1,138 entries covering many familiar practitioners, and numerous ones with whom it should prove interesting to make a first acquaintance. Inevitably, there are other practitioners one would have liked to see included as well, but at one and a quarter million words it must be acknowledged that this collection is already very extensive. And, in locating individuals, the reader should find the three appendices valuable, as they categorize individuals by country, by fields of activity, and by birth/death dates.

The principal editors have been meticulous in their compilation of what has been a massive scholarly enterprise. They have been fortunate in their team of twenty area editors who were key agents in selecting entries for each region. This five volume dictionary is a handsome production in which a particular delight is the range of illustrations (many of them little-known) that have been sourced by Carole Reeves from the Wellcome collections, and which provide apposite and relevant adjuncts to the text.

Complementing the Dictionary of scientific biography, this Dictionary of medical biography should prove to be an essential reference tool in the social history of medicine, as well as an aid for absorbing browsing.

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Tim Jeal, Stanley: the impossible life of Africa’s greatest explorer, London, Faber and Faber, 2007, pp. xix, 570, illus., £25.00 (hardback 978-0-571-22102-8).

Two themes leap out of this book: exploration and possession. That this is a study of exploration and discovery is obviously a trivially correct description of Tim Jeal’s account of the life and expeditions to Africa of Henry Morton Stanley. The more important exploration here, however, is the one Jeal has made of the massive collection of Stanley’s papers at the Musée Royal de l’Afrique Centrale in Brussels, until recently barred from public scrutiny. In that unknown continent of letters, notebooks, diaries and autobiographical jottings, Jeal has discovered and attempted to recover a new Stanley; not the brutal, racist pioneer of colonialism, as he was and is sometimes branded, but a much misconstrued and wrongly maligned apostle of free commerce, abolitionism and human—black and white—equality. It must be said that Stanley was his own best ally and worst enemy in securing his dark reputation, but Jeal adopts psychological biography to
redeem Stanley by presenting him as a deeply tortured, wrongly maligned man.

Possession is the second major theme of this book. It is about the European possession of Africa, the Portuguese possession of slaves, the British possession of Christian truth, Burton, Speke and Livingstone’s possession of the knowledge of the source of the Nile, Stanley’s possession of his wife and, more subtly, his wife’s possession of him. Possession is what drives the narrative and makes it compelling.

If ever the fashionable phrase “self-fashioning” could be applied to anyone, Stanley was its apotheosis. Mind you, he had every reason to continually disguise and reinvent himself (he was by turns, legally, British, American, and British again). He was illegitimate, born John Rowlands in Denbigh, Wales, in 1841 (rather extraordinarily Jeal gives no birth date—or at least I could not easily find one rereading Chapter One for this review). Mystery surrounded him immediately and Jeal spills much ink tracking down Stanley’s probable father. Stanley’s family were for the most part ne’er-do-wells, and when he was aged six consigned him to the workhouse. When he was famous they tried to exploit him and sponge off him. Jeal presents plenty of evidence that Stanley continued to treat them decently when a lesser mortal would have severed any link. The psychological motif in this book is Stanley’s craving for a father figure—whom he found in Livingstone—and to have a male child. This is not my taste in history but Jeal’s case is compelling and dramatically presented. Late in his life, Stanley and his wife adopted a baby boy on whom Stanley poured affection. That the boy was (as Stanley and a very few others knew) the illegitimate child of a Welsh relative speaks volumes for Stanley’s emotions and generosity.

Aged seventeen Stanley worked his passage from Liverpool to America and there he began in earnest to shape his identity. In New Orleans he became Henry Stanley in a manner that a fictional account could scarcely contrive. He fought for the Confederate and the Union armies in the American Civil War, joined the navy and deserted. After adventures in the Middle East he tried his hand at journalism and then James Gordon Bennett Jr sent him to East Africa to “find” Livingstone, which famously he did, although, as Jeal convincingly shows, without uttering those presumptuous words. He returned to America and Europe, but had, metaphorically, got the African bug. On his next expedition he mapped the length of the river Congo. In Jeal’s version he then fell into the clutches of the devious King Leopold of the Belgians and was duped into helping create a Belgian colony on his subsequent trip to Africa. Following this, Stanley mounted another expedition which was intended to relieve the murky figure of Emin Pasha, governor of a region of southern Egypt. This latter will probably be the most contentious part of the book for it is where Jeal attempts to rescue Stanley from the barbarities associated with his name. Jeal does a very good job, partly by laying the blame on Stanley’s officers and British snobbery, but of course Jeal has the high ground. He has seen documents associated with this business which were previously unavailable. He quotes copiously from letters and notes to reveal Stanley as having a deep loathing of slavery, as regarding black Africans as no different from white people (Livingstone recurrently described native Africans as degraded), as deploiring violence except in extreme circumstances, and being hopelessly inept at politics, bored by the trappings of fame, and altogether not a bad chap considering the barbarous times and places he inhabited.

There is not much medical history here but there is plenty to tempt the aspiring researcher. Stanley’s letters are riddled with accounts of fever, scurvy, ulcers and much else pathological besides. The equipping of expeditions with drugs and so forth would make a tremendous study. With Stanley’s papers now available and the letters of David Livingstone being published online (http://www.livingstoneonline.ucl.ac.uk) there is a goldmine of material for medical historical PhD theses. Jeal is unashamedly an author for the popular market. Africanists and historians of the colonies may well want to disagree with his broader interpretations, but Stanley’s life was so jam-packed with incident that this big volume has little general background padding. Jeal
footnotes all his documentary references. Certainly anyone wanting to read a mystery tale, psychological thriller and adventure story will not be disappointed. I rarely put it down without wanting to know what happened next.

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Clare Pettitt, *Dr Livingstone, I presume? Missionaries, journalists, explorers and empire*, London, Profile Books, 2007, pp. x, 244, illus., £15.99 (hardback 978-1-86197-728-1).

I am hard put to think of a better title, but Clare Pettitt’s use of Henry Morton Stanley’s opening gambit to David Livingstone in 1871 near Lake Nyassa (now in Malawi) does not quite comprehend all the contents of this book which are packed unsatisfactorily into the subtitle: *Missionaries, journalists, explorers and empire*. The reason for the main title, no doubt, is that the volume needed a catch phrase since it is part of a series that “explores classic moments in world history” and is aimed at the widest of audiences. That it lacks footnotes and a comprehensive bibliography, however, should not mislead the casual browser into considering it merely a condensation of the work of other scholars. There is a great deal of original research in here and some useful toying with novel theses. Pettitt has tried to bring shape to a huge subject and, if the result is not entirely homogenous in quality, there is plenty to stimulate those familiar with the cultural history of imperialism as well those new to the subject.

In one way “Dr Livingstone I presume” is perfect as a title, for, as the recent researches of Tim Jeal (*Henry Stanley: the impossible life of Africa’s greatest explorer*, 2007) suggest, Stanley never said it. What is pertinent here is not the particular fact of Stanley’s deviousness, but the general one that he was a newspaperman seeking a headline. This is the gist of Pettitt’s book: how a real encounter between Stanley and Livingstone became mythologized; turned into a prism through which Africa was and is seen in the press, the theatre, film, museums, on cocoa tins and indeed through any medium at all.

The volume begins with a fairly conventional biography of Livingstone although the assertion that Livingstone’s “identity is that he was definitely Scottish and not English” is belied by the evidence of his letters where he almost invariably writes England or English where Britain or British is appropriate (p. 20). Thus in a letter to Robert Gray, Bishop of Cape Town, written on the River Zambesi, 21 March 1860, he notes of the locals: “They all have a certain amount of respect for the English or as they call us [sic] Maingeretse.” (http://www.livingstoneonline.ucl.ac.uk) In this habit, Livingstone was far from peculiar. In the second half of this chapter Pettitt hits her stride with accounts of the Victorian and twentieth-century mythology of Livingstone. She has found some real nuggets of imperial glamorization in films, Madame Tussaud’s waxes, chocolate coins, stamps, the Festival of Britain celebrations, and the *Boy’s Own* comic. “British boys and imperial heroes”, it turns out, might have been a more descriptively accurate title for the book.

Chapter 2 is devoted to the meeting of Stanley and Livingstone, both real and mythologized. Much of it is given over to James Gordon Bennett Jr, the *New York Herald*, and the considerable role of these in the creation of “Africa” in the popular press. More subtly, Pettitt uses the encounter to explore British and American attitudes to slavery. (Stanley, born in Wales, was perceived almost universally at this time to be an American by birth.) Usefully too, she investigates the idea of “going native” although readers may decide for themselves whether “the fear... of ‘going native’, was in reality a fear about the fragility of western civilization itself” (p. 85). Chapter 3, “Faithful to the End”, is truly novel and, for me, the best part of the book. Here Pettitt takes a number of Livingstone’s and Stanley’s African servants and followers who visited Britain and asks: what did we (explorers and colonizers) look like to them (explored and colonized)? Some of this is conjectural but there is a surprising amount of substantive material.
In the last chapter, ‘Stanley’, Pettitt has been trumped by Jeal. She candidly acknowledges that she read his manuscript “late in... [her] writing process” (p. 222). But it is unfortunate that Jeal’s revisionism was not known to her at an earlier stage not least since a section on ‘Stanley’s early life as John Rowlands’ coming at the end of the book feels uncomfortably placed to say the least. Perhaps, in fact, a title which sums up this book would have been impossible. It does hare off in all sorts of unpredictable directions. It is worth, however, following the author down most of them.

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**Benoît Gaumer, L’organisation sanitaire en Tunisie sous le protectorat français (1881–1956): un bilan ambigu et contrasté, Quebec, Presses de l’Université Laval, 2006, pp. xxiv, 276, $40.00 (paperback 978-2-7637-8474-8).**

Benoît Gaumer qualified as a physician at the Faculty of Medicine in Paris and then served for several years as a coopérant (something like a Peace Corps volunteer) in Tunisia. He subsequently earned a doctorate in history from the University of Montreal and is now an associate professor in the University of Montreal’s Department of Health Administration, Faculty of Medicine. He is, therefore, pre-eminently qualified to write a history of Tunisia’s public health system. He focuses on the seventy-five years of the French protectorate era and manages to cram an amazing amount of information into just 258 pages of text. He begins with an overview of the population of Tunisia, censuses, and health indicators. Subsequent chapters take up the major diseases that struck Tunisia during the protectorate: endemic and epidemic plague, relapsing fever, typhus, cholera, and smallpox, and the early years of epidemiology in Tunisia.

The Pasteur Institute of Tunisia plays a leading role in the book. The groundbreaking work of its long-time director, Charles Nicolle, under whose leadership the institute became an internationally known centre for infectious disease research, is featured in a fascinating chapter.

Nicolle won the 1928 Nobel Prize for his work on typhus, which he carried out largely in Tunisia. Though the Pasteur Institute was at the very forefront of scientific investigation, the colonial authorities tended to neglect the health, education, and welfare of the indigenous population, and malnutrition and the diseases of poverty were widespread. The major endemic and epidemic diseases, however, nearly disappeared by the end of the protectorate. Gaumier makes it clear that the colonial authorities did not deserve all the credit for this, but were actually continuing a process of public health development begun by the beys of Tunis and their reforming ministers, in the mid-nineteenth century.

In subsequent chapters, Gaumier addresses the professionalization of medicine, the development of the Ministry of Health, ethnicity-based hospital organization, public assistance and indigenous medicine, and the democratization of medicine. Appendixes contain lists of the major epidemics and stages of public health assistance and are followed by a short glossary of terms.

Readers will note that nearly all the sources listed in the bibliography are in French. Two or three are in English. There are no Arabic sources, though the National Archives of Tunisia contain rich and varied materials that would have added an invaluable dimension to the study. In addition, there are few interviews, though many should be able to remember the latter years of the protectorate, in Tunisia and in France.

The book begins with a quotation from the Tunisian historian, Ahmed Chérif, author of the venerable *Histoire de la médecine arabe en Tunisie*, published in 1908, to the effect that the history of medicine of a country follows the history of its domestic politics. The book does not, however, tell us much about the domestic politics or the wider historical context of the time. We learn only a little about the struggle between the colonized and the colonizer or about how medicine and public health policy
articulated the contradictions of colonial rule. How did medicine and public health serve the hegemonic interests of the colonial authorities and later the nationalist leaders? There is information about ethnicity and class but little about women and gender. Of course, the author is focusing on the institutions of medicine and public health and is not writing a larger social or political history. He concludes that the domestic situation was so inegalitarian and political forces so divided that the status quo remained until after independence. His conclusion asks intriguing questions and sets the stage for further analysis. This book is a pioneering contribution to the history of medicine and public health in Tunisia and to colonial medicine in general and will become an indispensable source for future researchers. The author is to be congratulated.

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Myron Echenberg. *Plague ports: the global urban impact of bubonic plague, 1894–1901*, New York University Press, 2007, pp. xvi, 347, $48.00 (hardback 978-0-8147-2232-9).

Chinese astrology marked 1900 as the year of the rat. The irony of this was not apparent until six years later, when the rat’s role in the transmission of bubonic plague finally gained public and scientific acceptance. The third bubonic plague pandemic raged from 1894 into the first quarter of the twentieth century, taking more than 15 million lives. Echenberg has followed its chronological path from its Asian beginnings in Hong Kong and Bombay, to Europe (Alexandria and Porto), South America (Buenos Aires and Rio de Janeiro), America (Honolulu and San Francisco) and finally to what he classifies as the British imperial examples (Sydney and Cape Town).

The accumulation of air miles is the smaller part of the reward for his scholarly travels. For each of the ten cities, Echenberg has addressed key questions: how did the disease arrive? How many did it infect and kill? What were the popular and institutional responses? What impact did the changing understanding of plague transmission have on the control strategies? Some of these questions have not been asked of the third plague pandemic before, and certainly not in such a systematic fashion. Echenberg recognizes the enormity of his task, and potential limitations. He seeks to analyse the tension between western cultural imperialism and older indigenous medical responses to disease, but language barriers force him to rely heavily on western interpretations of Confucian, Buddhist, Ayurvedic and Islamic approaches. His second key aim, to analyse the interplay between older sanitarian and newer bacteriological disease strategies, is more attainable, and aided by the book’s chronological structure. He is able to follow the contested knowledge on the roles of the rat and the flea, and to analyse why some of his case study cities resisted the new bacteriological construction of disease.

Considering the speed with which Echenberg moves between these cities, he successfully contextualizes each plague outbreak in 25 to 30 pages. He allows the human factor in the plague responses to shine through the scant statistical information. The cumulative effect of the ten city studies is to impress on the reader some universal themes: fear and victim-blaming; the political economy of infectious disease; that class has more clout than race when fudging sanitary reform strategies; the vastness of the cultural gaps within some cities, and the smallness of the scientific world. Where this book is slightly lacking is in the connections between these fascinating accounts. There are short summaries on each pair of cities, but little sustained comparative analysis. For example, why do the British authorities not learn from the Hong Kong outbreak—a “study in cultural misunderstanding and rumour-mongering”—and apply such lessons in Bombay? Why do the Americans consider a plan to raze San Francisco’s Chinatown, when they have already seen the devastating and unproductive results of a similar exercise in Honolulu? The imperial theme, adopted briefly at the beginning and used to order the pairings, is not followed through. Yet the Whitehall gaze must have impacted on how some of these cities reacted to
the plague. The fact that Echenberg has travelled in the footsteps of Bruce Low, a British government medical officer sent out in the immediate aftermath of the plague pandemic to report on how it was handled, appears lost on him.

The other area that would have benefited from a clearer focus is the “port” aspect of these cities. Echenberg exploits this unifying feature to gain a catchy title for his book, but the explicit maritime aspect subsequently remains undeveloped, apart from a few passing references, for example, to Sydney’s role in improving rat-guarding measures on ships, or the tension in Alexandria between the urban and port authorities. Yet one has to admire the sheer range of information packed into this volume, and its accomplished narrative style. In 1996 the World Health Organisation re-classified plague as a “re-emerging” disease. This is an important book that, through its ten city repetition of the threat and reality of epidemic disease, provides inspiration for historians and health authorities alike.

Sally Sheard
University of Liverpool

Alison Bashford (ed.), Medicine at the border: disease, globalization and security, 1950 to the present, Basingstoke, Palgrave Macmillan, 2006, pp. xiv, 271, £55.00 (hardback 978-0-230-50706-7).

Researches on public health and medical policies have engaged either with national and state policies, or with internationalism. The volume Medicine at the border edited by Alison Bashford locates itself at the political and geographical confluence of international and national health policies—at the border. The collection of thirteen articles focuses on how infectious diseases and “border control” have historically played an important role in colonial, national, immigration and global health history.

Bashford provides an interesting introduction to the book where she discusses how modern medicine and disease management are situated within the various economic, political and environmental polarities between east, west, north and south in which the idea of the border, both real and imaginary, has often shaped national and world health policies.

Patrick Zylberman’s article revisits the old problematic of cholera and international trade to show how its outbreak marked a new boundary between east and west, between the Ottoman empire and Europe, and how in the attempts at checking the outbreak issues like “control” and sovereignty became paramount. Alexandra Minna Stern focuses on the relatively neglected but significant field of US involvement with tropical medicine and its ideas of medical frontiers, in the context of yellow fever in Cuba and the construction of the Panama Canal. The article by Theodore M Brown, Marcos Cueto and Elizabeth Fee highlights the emergence of “global” health within the vocabulary of the WHO between 1950 and 2000, which in effect reflects the changes not just within this organization, but within international politics.

Ian Convery, John Welshman and Bashford jointly deal with some of the key themes of the volume by analysing the changing modes of medical screening in immigration into the UK and Australia. The authors show how in such screening, often done in other countries, the medical border is frequently situated far beyond the political border, thus legitimating an idea of a new frontier. Miriam Ticktin’s article on the relations between universalism and humanitarianism in French colonial medicine highlights another aspect of the medical divide. It shows that the French concept of “Citizenship of the Republic”, which is more an ideology than a geo-political category, allowed peculiar spatial exclusions within the universalist inclusions of Médecins Sans Frontières (MSF).

Renisa Mawani focuses on the new immigration restrictions in Canada concerning HIV in 2002. By arguing that “health has been a technology of governance” she demonstrates how recent measures have opened up new spaces for discrimination through state use of medical expertise. Claire Hooker discusses another modern disease and its impact on
Canada: SARS. She highlights how it overrode conventional boundaries, both in its spread as well as in its prevention. SARS, much like the event of “9/11”, also aroused a new sense of fear and anxiety in the west and in the process the WHO assumed more political power and legitimacy through its “global health governance” over sovereign nation states. In the context of such fear and corresponding ideas of medical borders, international security and intelligence is now an important topical concern. Two articles in this connection scrutinize this modern anxiety about health and security. David Fidler shows how biosecurity has emerged in response to new concerns over public health as a state policy. Lorna Weir and Eric Mykhalovskiy study the Global Public Health Intelligence Network (GPHIN), a warning system for public health events developed by the WHO. The authors claim that this has ushered in a new era in the collection of medical data on epidemic outbreaks, a new surveillance system centralized beyond the nation state, which has ultimately provided more authority and power to the WHO. While not all the articles adhere to the theme of borders, the collection does open up new areas of scholarship in national and international medicine. The volume is a valuable documentation of how historically disease and epidemics have constantly redrawn the borderlines of modern state formation.

Pratik Chakrabarti,
University of Kent

James Colgrove, *State of immunity: the politics of vaccination in twentieth-century America*, Berkeley, University of California Press, and New York, Milbank Memorial Fund, 2006, pp. xiii, 332, illus., £29.00, $39.95 (hardback 978-0-520-24749-3).

Anxious to understand the nature of what is generally referred to as “antivaccinationism”, a number of commentators in the medical literature have turned to the past. Some have seen parallels with widespread popular resistance to compulsory smallpox vaccination in the latter part of the nineteenth century. Others have seen continuities, in beliefs and in attitudes, despite the apparent dissolution of most of the antivaccination groups in the first decades of the twentieth century. Colgrove has done a useful job of filling in, at least as far as the United States is concerned. By the 1930s smallpox had virtually disappeared, the medical profession had achieved far greater influence on public health policies, and the old antivaccinationist groups had largely dissolved. These events form the background to the beginnings of diphtheria vaccination in the 1920s and 1930s. Public health authorities had learned a lesson from the smallpox campaigns. The emphasis now, in New York and in the majority of states, was to be on education and persuasion, not on compulsion. There was little or no popular resistance. But now, however, controversy arose over who should be responsible for preventive health care. Just as the Sheppard–Towner Act, providing for publicly funded maternal and child health programmes, had attracted the wrath of the American Medical Association, so too many physicians in private practice saw mass vaccination campaigns as an unacceptable intrusion into their terrain and a threat to their incomes. “The popular perception that diphtheria immunization was safe and effective”, writes Colgrove, “would greatly influence the acceptability of new vaccines against other illnesses” (p. 109). By the 1940s, surveys showed high levels of confidence in the principles of immunization. So much so, that by the time the Salk polio vaccine was licensed, in 1955, supplies fell far short of parents’ demands. The consequence of shortage was a new dilemma, and a new political conundrum. How should the vaccine be distributed? Who could and should ensure rapid and equitable access, independent of wealth and connections? The modest federal government role that was ultimately negotiated reflected the Eisenhower administration’s profound opposition to “socialized medicine”, but it was to prove an important step. Further elements of current vaccine politics were slowly emerging. As popular enthusiasm for polio vaccine faded, epidemiological and social studies were
beginning to disclose social inequalities in vaccination status. The new Kennedy administration, far more amenable to federal involvement in health care than Eisenhower’s had been, sought ways of reaching unvaccinated children in deprived communities. Soon afterwards a measles vaccine was licensed. But it was expensive, rarely made available through public clinics, and generated little public excitement. So, when public health physicians came up with the idea of measles eradication, the problem of reaching the unvaccinated acquired a new significance. The result, an ironic one, since measles eradication had been “undertaken amid the Great Society’s spirit of community mobilization and empowerment” (p. 177) was the re-emergence of compulsion. By 1981 all states had passed legislation making vaccination against most vaccine-preventable diseases mandatory for school entry. And so the stage was set for renewed controversy as “patients’ rights”, and in particular the right to choice, to informed consent, became an increasingly central aspect of health care. Vaccines are complicated substances, and uncertainties regarding their functioning are easily used to fan the fires of controversy. And so they are in regard to the MMR vaccine today, and will be in regard to the many vaccines now becoming available. Have we come full circle?

James Colgrove’s book is well researched and well written, showing clearly the changing tensions that have characterized the difficult reconciliation of the protection of the health of the community with an individualistic and market-oriented health care system.

Stuart Blume,
University of Amsterdam

Toine Pieters, *Interferon: the science and selling of a miracle drug*, Routledge Studies in the History of Science, Technology and Medicine, London and New York, Routledge, 2005, pp. xvi, 264, illus., £90.00, $155.00 (hardback 0-415-34246-5). Also available as a Kindle e-book through Amazon Digital Services, $75.60 (including free wireless delivery via Amazon Whispernet; http://www.amazon.com/Interferon-Science-Selling-Technology-Medicine/dp/B000O115WA/ref=dp_kinw_strp_1//s?ie=UTF8&search-type=ss&index=digital-text&field-author=Toine%20Pieters).

Interferon is a wonderful object for the historian of medicine. The drug remains a major blockbuster selling $5 billions in 2005. It is one of the rare products of genetic engineering, which has found significant clinical use, for treating cancer in particular. More importantly interferon’s development lasted thirty years, encompassing the entire postwar biomedical era. Making the best of this long trajectory, Toine Pieters’ biography of the drug is a timely book. Following interferon from the laboratory to the market and the public sphere it sheds new light on the intimate relations biology and medicine have developed during that period and the inevitable tensions they created. Coming after Ilana Löwy’s *Between bench and bedside* and Peter Keating and Alberto Cambrosio’s *Biomedical platforms*, it complements their perspectives on the detailed construction of biomedical knowledge, while opening new vistas on the role of marketing and public cultures. The book’s subtitle is therefore not misleading: science and the selling of its products are actually discussed.

This dual approach is well reflected in the roughly chronological organization of the book. The first three chapters focus on the period 1957–75, dominated by laboratory research and the (failed) attempts to turn interferon into a drug against viral infections. The last three chapters present the making of a biotech-based wonder drug, instrumental in treating (if not curing) cancer. “Making” should be understood in a broad sense since interferon’s success owed much to forms of biomedical work typical of the second half of the twentieth century, i.e., clinical trial management and public promotion, media coverage in the first instance. This is not to say that interferon is not a powerful drug under specific circumstances and indications. Pieters is too good a connoisseur of science and technology studies to avoid the question of how it became effective.
Well served by detailed and vivid writing, *Interferon* relies on rich but contrasted bodies of sources, which exemplify the variety of angles and approaches one single story may deserve. The first part is a meticulous account of bench work and early clinical trials. It draws on the archives of the Medical Research Council and the universities, which hosted and supported initial work on interferon. It also relies on extremely valuable, and otherwise inaccessible, documents that Pieters gathered while interviewing the participants in this first phase. The second part provides a more overarching handling of the rapidly growing scientific literature on interferon and of various media sources (not only in the press but also TV and radio shows). Occasional use of the archives of the National Cancer Institute (NCI) and of the American Cancer Society archives finally sheds light on the organizational and administrative work involved in the 1970s’ expansion of clinical interferon research.

These two sets of resources produce different benefits. The first part of the book confirms—if there is still a need for such proof—that experimental work and practices matter. The laboratory making of interferon is a highly contingent, material, collective, and political construction, combining the resistance of materials and work with the flexibility of socially situated interpretations. Wonderful episodes thus illustrate the genesis and the dismantling of various interferon facts. Born as a *process* of interference between viruses that resulted in resistance to infection, interferon became a *substance* showing cellular specificity and contributing to a particular form of immunity against viruses. The emergence of a micro-collective rooted in the coalescence of operationally defined entities triggered the change. Nevertheless, the career of interferon was almost terminated in the early 1960s when the industrial partners of the Medical Research Council stopped investing in its future, doubting that the interfering substance could be prepared industrially in any meaningful way.

Readers versed in science studies will find the second part more challenging since it addresses key aspects of late-twentieth-century biomedicine, namely a pervading culture of miracle drugs and the activities of research entrepreneurs turned public experts. Pieters’ analysis of their articulation has nothing to do with a rolling snowball. It is rather a fragile, problematic and contentious process. In showing the many reasons why interferon might well never have become a cancer drug, the book follows two tracks. The first focuses on the status of clinical trials. At stake here is not the nature of care, the forms of clinical work or even the statistical outcomes of therapeutic trials, but rather the management of trials as a system building legitimacy. Hence the importance the book gives to science policy events where these trials were launched and discussed, such as the carefully staged multi-party conference that the immunologist Mathilde Krim set up in 1975 in order to make the NCI consider interferon as an anti-cancer drug. The second track focuses on the public sphere *per se*. Interferon was the topic of congressional hearings and media campaigns, which linked scientists, drug companies, and journalists building the various, not always positive, images of the drug. In the 1960s, the BBC presented interferon as a new penicillin, meaning a magic bullet against infection, and a British invention to be protected. In the late 1970s, the US press linked it with genetic engineering. The book analyses such internal and external developments as elements in “cycles of hopes and promises” that characterize the life of major drugs, resulting in periods of high expectations and investment that alternated with moments of crisis and pessimism, whose outcome is unpredictable.

Toine Pieters’ story of interferon would—here and there—have benefited from a closer discussion of the existing literature. It is nonetheless and without any doubt a stimulating book, refreshing old debates regarding the nature of biomedicine, the way we write about it, as well as pointing to new frontiers like the media culture of present medicine.

*Jean-Paul Gaudilliére,*

**CERMES**
Anne Borsay and Sara Knight (eds), Medical records for the South Wales Coalfield, c. 1890–1948: an annotated guide to the South Wales Coalfield Collection, Cardiff, University of Wales Press, 2007, pp. xiv, 416, illus., £60.00 (hardback 978-0-708-32047-1).

The growing sensitivity to the importance of region to the history of medicine has encouraged historians to look beyond national narratives. If considerable work is still needed on regional patterns, not all regions have received the same attention, and some, such as the South Wales coalfield, have been neglected by medical historians. Perhaps part of this neglect stems from the poor visibility of Welsh medical sources, at least for researchers outside Wales. As Borsay and Knight make clear, often searching for them in national collections “is a little like looking for the proverbial needle in a haystack” (p. 366). Their extremely useful annotated guide to the medical records in the South Wales Coalfield Collection reveals how one of the largest archives of its kind contains a wealth of archival material that relates to many of the research areas of current interest to social historians of medicine.

The result of a Research Resources in Medical History Award from the Wellcome Trust, this annotated guide has much to offer medical, urban and social historians interested in the period c. 1890 to 1948. The guide briefly traces the evolving historiography of the region, teasing out the links between industrialization, coal and health, occupational and community health. These themes persist throughout the volume, although, as the authors are careful to highlight, there was always far more to health in the South Wales coalfield than mining, pneumoconiosis, and the activities of the South Wales Miners’ Federation. If there are omissions, including work by Evans on the Cardiff Royal Infirmary and by Stewart, Powell and others on interwar municipal medicine, the historiographical overview provides a concise sense of the literature and its limitations, and places the archival descriptions in context.

Borsay and Knight’s sensitivity to context is reflected in each of the thematic sections. There is a logical order to these. Divided between occupational and community health, and subdivided into themes familiar to social historians of medicine, they move from the diseases and injuries associated with mining and other industries, to safety and welfare at work before turning to community health to cover infectious diseases, sanitation and housing, food and nutrition, medical practitioners, health insurance and mutual aid, and medical institutions. Separate sections are included on women and children. The thematic structure makes the guide intuitive to use and emphasizes the diversity of the collection. To assist the researcher, each section contains a table of annotated references—including brief item and collection descriptions, date ranges, and details of document type and repository—to help them locate collections and sources. The guide also has useful appendices on medical records relating to the coalfield beyond the collection, contact details of libraries and archives, a short biography, and a list of web resources. If these are not exhaustive, they offer researchers good starting points.

Each thematic section starts with a useful overview. These provide the reader with an informed and pithy summary of the relevant medical history that places the coalfield in a national context and exposes the problems faced and the solutions advanced, as well as drawing attention to material of particular interest. The emphasis here is implicitly on progress, on community health, voluntary provision, trade union activity and state intervention. If familiar stories are repeated—for example, the Tredegar Medical Aid Society providing Bevan with a model for the NHS—they mainly adopt a top-down perspective. Given that the collection contains over 600 hours of interviews and the personal papers of miners, it is a shame that more is not made of these resources or their value highlighted.

Overall, Borsay and Knight have performed a very valuable service: they have brought the wealth of medical history and related resources in the South Wales Coalfield Collection to light comprehensively and effectively. There are of course limitations to the collection—midwifery
and domestic medicine are hardly covered—but one can hope that this timely guide will inspire medical historians to turn their attention to the South Wales coalfield and mine the rich sources available.

Keir Waddington, University of Cardiff

Steven Thompson, Unemployment, poverty and health in interwar South Wales, Studies in Welsh History, Cardiff, University of Wales Press, 2006, pp. xvii, 296, £45.00 (hardback 978-0-7083-2042-6).

This book, developed from a doctoral thesis, contributes to the debate on whether the 1930s were “healthy or hungry” by exploring the variables affecting health in an area synonymous with mass unemployment and deprivation—South Wales. The first three chapters examine sources of income, the balancing of household budgets, and the consequences for diet and nutrition. This demonstrates that a straight division between the unwaged poor and those in work is misleading. For some, living on benefits provided, temporarily, a reasonable income, while wage earners might suffer prolonged periods of short-time working which plunged them into poverty.

Even more significant, however, may have been variations within the categories. As Thompson points out, different family units had to react and plan how they would spend the resources available. Social policy has traditionally assumed that redistribution stops at the door of the household—that is, that all household members have equal access to the resources available. Here, the analysis highlights one important factor that has previously been explored both historically by David Vincent, and contemporarily by Jan Pahl; the role of women as budget holders in poor households, particularly the need to keep the breadwinner active and its attendant consequences for the health of the women.

Other factors were important. South Wales had relatively high levels of owner occupiers whose resources were not depleted by rent payments. Non-monetary benefits—here represented by allotment cultivation and the keeping of pigs and other animals—also contributed to living standards, echoing contemporary debates about the definition of poverty in developing countries. Nonetheless, unemployed households generally spent significantly less, and consumption was weighted towards cheaper, bulkier items.

The next two chapters examine housing and environmental factors. Both housing standards and overcrowding contributed to poor health. New council housing was relatively restricted, and not until the 1933 Greenwood Act would new council house building directly impact on the poorest tenants. The heavy industry spread through the area had environmental effects. Given the nature of the work available in the South Wales area, it is surprising that neither industrial diseases nor industrial accidents feature in the index.

Classically the mixed economy of welfare is discussed in terms of the split between the funding and provision of services, and the matrix of possible methods of provision this produces, but in the next chapter on medical services available, it is used to identify the overlapping sectors of medical care used by the people of South Wales—the “popular”, the “folk” and the “professional”. Overall the picture confirms Julian Tudor Hart’s inverse care law, with largely working-class communities reliant on lay resources and overworked doctors of varying quality.

The final two substantive chapters explore and disaggregate both general and child mortality statistics, producing insights into the possible effects of poverty on different groups. One problematic is that industrial depression and unemployment spark a natural response, which is migration in search of better employment opportunities. Among the young, the exodus was marked. To what extent did the migration of workers from the coalfields affect the medical outcomes of the remaining population?

This is a valuable and insightful study which deserves a wide readership. Its publication was funded by the Board of Celtic Studies, now defunct. It is to be hoped that other means of making studies in various aspects of Welsh
History accessible to a wider audience will be found.

David Hirst,
University of Bangor

Louise Foxcroft, The making of addiction: the ‘use and abuse’ of opium in nineteenth-century Britain, The History of Medicine in Context, Aldershot, Ashgate, 2007, pp. xvii, 199, £55.00, $99.95 (hardback 978-0-7546-5633-3).

When this book first appeared on the publisher’s list, some colleagues mentioned its subject to me. They wondered how it would differ from a book I had published some years ago. I wondered too: but I approached the book with an open mind and a realization that historical research and interpretation has a shelf life. Perhaps it was time for a new approach.

I cannot say that I was convinced that this book provided it. The author starts with a misapprehension. “There are few recent historical works that include accounts of addiction…” (p. 3), she claims. The aim of the new book is to provide a nuanced account of addiction in the nineteenth century. My own Opium and the people is acknowledged as having done this. But, so Foxcroft states, “the ‘nature and significance’ of addiction is relegated to an appendix in the 1987 edition” (p. 5). She has this wrong. The main text of the book, which I wrote, contains a whole section and two chapters (12 and 13) which deal with the nature of opium use as a disease, the emergence of disease views and the role of hypodermic morphine in the process.

The appendix which she criticizes was written by Griffith Edwards and this is clearly stated in the book; thus the words quoted represent the view of a psychiatrist in the 1980s, not the historical discussion in the rest of the text. Other authors—Geoffrey Harding and Terry Parssinen, for example—have also touched on the emergence of these concepts in their work and Mariana Valverde’s Diseases of the will, which is not cited, has given a recent reinterpretation.

Establishing new interpretation is fine and to be welcomed—but it should not be done by misrepresenting the existing state of play.

The book’s contents did not reduce my sense of irritation. Much parallels that in my own production. There is a discussion of early history; the period before the nineteenth century (the usual authors are cited); the impact of poisoning by opium; literary use; the Earl of Mar case, which opened up discussion of whether the moderate and lengthy use of opium was harmful; the Chinese and anti-opium agitation; the emergence of addiction through discussion of the use of the hypodermic syringe and literary sources. There is new material but often some familiar quotations peep through.

What is different? The availability of a larger amount of secondary comment on literary usage has enabled the author to write well about this topic. The chapters provide interesting quotation and further detail about addicts such as Helen Gladstone, sister of William. I am surprised that the recent focus on Wilberforce with the current interest in the abolition of the slave trade has made nothing of his tolerated opium addiction, a parallel example of attitude change over the last two centuries. The greater volume of historical interpretation on the wider history of medicine field which now exists is also drawn upon. Some areas of significance are not here. There is little on popular use and nothing on the Fens, nothing on the legislative issues of the nineteenth century—the role of pharmaceutical regulation or the role of patent medicines.

There are some surprising omissions. One is the connection between disease theories of opium and those concerned with alcohol, addiction to drugs and to alcohol. There is an appendix on opium and alcohol but it does not touch on the connection. The few references to inebriates and inebriety in the index also do not lead to a sustained discussion. If the book’s aim is to deepen our understanding of the role and emergence of addiction as a concept it must surely discuss this connection, which was an important one. Overall the book has its interesting passages, but I found it difficult to
understand what was really new and original about its approach.

**Virginia Berridge**,
London School of Hygiene and Tropical Medicine

**Ian Burney**, *Poison, detection and the Victorian imagination*, Encounters, Cultural Histories Series, Manchester and New York, Manchester University Press, 2006, pp. viii, 193, £35.00, $59.95 (hardback 978-0-7190-7376-2).

As any weekly television schedule will confirm, the battle of wits between a cunning murderer and a skilled “medical detective” is an endlessly fertile source of entertainment. Occasionally the roles are reversed, and we are presented with the struggles of an innocent accused against a fanatical and charismatic expert. Ian Burney shows how similar dramas were played out in the courtrooms, newspapers and novels of Victorian England.

Central to Burney’s skilful interweaving of medical, legal and cultural history is the versatile concept of “imagination”. If imagination involves “calling into being something not immediately perceptible” (p. 4) then toxicologists were engaged in an imaginative exercise, however much they strove to present their evidence as hard scientific fact. The toxicologists’ insistence (contrary to earlier beliefs) on the invisibility of poison, its ability to kill without external signs of violence, gave it its imaginative resonance at the same time as making its detection the preserve of experts. But expert detection frequently depended on subtle discriminations of taste and smell that could only be communicated by verbal similes, again appealing to the audience’s imagination. Even when the toxicologist literally succeeded in making the invisible visible, as in the white deposit produced by Marsh’s test for arsenic, appearances could be deceptive. The deposit might be antimony, itself a poison but commonly used in medicines and as an emetic in cases of suspected poisoning.

In a fascinating discussion of poisoning trials (which has parallels, in ways Burney might usefully explore, with a number of recent studies in the sociology of science), Burney argues that while toxicologists sought to contrast their disinterested scientific virtue with the adversarial game-playing of counsel, the construction of scientific knowledge and its forensic deconstruction were in many respects homologous. The courtroom was a laboratory in which scientific evidence was tested by the experiment of cross-examination. Scientists adduced a range of experimental results as pieces of testimony which, while individually inconclusive, corroborated one another as proofs of the suspect substance’s toxicity.

Burney’s discussion of criminal trials might have been enriched by a closer attention to developments in trial procedure. The trial of William Palmer (1856), to which Burney devotes a full chapter, has also been analysed by the legal historian David Cairns in *Advocacy and the making of the adversarial criminal trial 1800–1865* (1998), and it is worth reading both accounts to understand how the scientific evidence fitted into the larger drama of the trial. What Burney perhaps does not sufficiently emphasize is how far the successful prosecution of Palmer and other alleged poisoners depended on counsel’s ability to weave scientific and circumstantial evidence together into a compelling narrative. While this strategy enabled the prosecution’s poison-hunters to carry the day, it also disrupted the image of their activity as a hermetic, scientific inquiry whose results the jury must accept as authoritative. The choice between experts was subsumed into a choice between competing narratives of murder or tragic coincidence. Burney is perhaps too quick to accord explanatory primacy to cultural factors rather than to the dynamics of the adversarial trial in accounting for the equivocal outcomes of those trials from the poison-hunters’ point of view. His discussion of the cultural significance of poison, as reflected for example in the novels of Bulwer Lytton and Wilkie Collins, nevertheless adds an important dimension to his account of the legal and scientific controversies.
in which the emerging profession of toxicology was embroiled.

Tony Ward, University of Hull

Wayne Wild. Medicine-by-post: the changing voice of illnes in eighteenth-century British consultation letters and literature, Wellcome Series in the History of Medicine, Clio Medica 79, Amsterdam and New York, Rodopi, 2006, pp. 286, illus., €60.00, $78.00 (hardback 978-90-420-1868-6).

The practice of consulting medical practitioners through letters has provided invaluable insights for historians of medicine. The resulting collections of letters contain detailed accounts of the constantly adjusted therapeutic regimes prescribed for patients. More importantly, consultation letters have revealed the power relations between elite practitioners and wealthy patients, and the different approaches accorded to upper-class clients and poor hospital patients. The sheer volume of consultations by post also vividly shows the low importance accorded to physical examination at the time.

Medicine-by-post is a detailed study of medical correspondence over a long time span—from 1720s to the 1790s. Framed by an introductory chapter on patients and practitioners, and a concluding chapter on the portrayal of medical encounters in novels, the three central chapters focus on consultation letters written by well-known names in the medical world—James Jurin, George Cheyne and William Cullen. Wild uses this range of sources to explore the shifting rhetoric of medical consultation. He argues that rhetoric is far from being mere flourish but is the key to understanding the exchange between patient and practitioner. A shared style of writing mediated and allowed the construction of the patient–practitioner relationship. Common rhetoric as well as common medical knowledge allowed patients to represent their ailments, and to test their physician’s competence. Equally, it allowed practitioners to establish their status (at a time when their standing was far from certain) and their authority. Wild convincingly shows that though therapeutics remained fairly constant, rhetorical style mirrored new theories of body function and dysfunction. Jurin and his correspondents used a dry, objective “scientific” reporting of symptoms and applied iatromechanical theory to devise curative strategies. Nervous theories, with the language of sensibility allowed Cheyne’s and Cullen’s clients to describe their feelings and experience of ill health, and the physicians to proffer rational diagnoses combined with ready sympathy. In his final chapter, Wild argues that this rhetoric spilled over into the public arena. Wild shows that consultation letters were quasi-public documents, passed among family and friends, and might even appear in print in medical texts. More significantly, they informed the depiction of practitioner–patient encounters in literature, where physical illness became a metaphor for a wider social decay.

Wild’s study of medical correspondence is engaging and thought-provoking. His detailed analysis of consultation by post shows that the intercourse between patient and practitioner is even more complex and nuanced than earlier historians have suggested. Power did not lie entirely with the paying patient. Clients were sometimes pathetically anxious to obtain an opinion from distinguished physicians, expecting responses within a matter of days. Physicians had a degree of authority in the exchange, chiding patients who failed to adhere to their prescribed regimen, although their reproofs were tempered by the need to flatter and maintain the client’s business. The book is aimed at multiple readers, and while Wild’s background history and short biographies of his main protagonists will be useful to students of eighteenth-century literature, they are familiar territory to medical historians. Many of the letters used have been published, but for the reader not familiar with medical correspondence, more substantial quotations would have made the text even more engaging. Nevertheless, Medicine-by-post
Deborah Brunton, The Open University

Ted Dadswell, The Selborne pioneer: Gilbert White as naturalist and scientist, a re-examination, 2nd rev. ed., London, Centaur Press, 2006, pp. xix, 256, illus., £14.95 (paperback 978-0-900001-56-7).

Gilbert White is one of the few eighteenth-century writers to have gripped both academic and popular audiences. His *Natural history of Selborne*, published in 1788, has never been out of print, and his portrayal of a pre-industrial, perhaps prelapsarian, Britain has inspired generations of readers in search of lost times. Selborne—the Hampshire village in which White was born, lived and died—has become something of a shrine to this unassuming, Austen-esque country curate.

But Ted Dadswell, a teacher turned freelance historian, takes an ambivalent view of White’s posthumous reputation. The “popular mythology” of White as an enthusiastic ingénue, and his charm as a “gifted and an unspoilt stylist” (p. x), have, Dadswell argues, hampered assessments of his work as a naturalist. Dadswell’s aim is to rehabilitate White as “an early and quite extraordinary exponent of modern behavioural biology” (p. xvi), an innovator comparable in stature to Gregor Mendel or Charles Babbage. *The Selborne pioneer* is a modern “field guide” to the many faces of this gentleman-naturalist: the gardener, the theorist, the antiquarian, the sky-watcher, the consummate correspondent.

Dadswell approaches this task with the mindset of a modern naturalist. He explores the ways in which White both worked within and transcended the eighteenth-century taxonomical tradition. Record-keeping, a massive correspondence network and White’s own “outdoor method” were central factors in the development of his idiosyncratic approach to natural history. Dadswell insists upon White’s “self-contradictory” character (p. 8) as the key to understanding his writings, and highlights the often-overshadowed socio-economic aspects of his life. Market gardening, for example, became a crucial means of supplementing White’s clerical stipend and Oriel fellowship, helping him to “fulfil his responsibilities as a senior family member” (p. 14).

For the most part, however, Dadswell follows what might in his terms be called the “historical mythology” of White—the tendency to view his work primarily as a precursor to nineteenth-century natural science in general, and the work of Charles Darwin in particular. He frames White’s natural history in terms of its relationship to current scientific thinking, correcting his “mistakes” and praising his anticipations of modern practices such as the use of “controls” in experiments. Though White was a professional Anglican for most of his life, Dadswell tries to interpret his work as an essentially secular scientific project, divorced from the wider context of eighteenth-century natural theological thought. There are clear problems with applying the concept of secular science, an ideology of the mid-nineteenth century, to the work of a clergyman-naturalist who died in 1793. Dadswell acknowledges this problem in his introduction but, despite repeated invocations of Locke, Hume and Paley, never really gets to grips with it.

Those who read White for pleasure will find little here to enhance their enjoyment. *The Selborne pioneer* is too descriptive, lacking focus, often content merely to repeat White’s own observations. Historians will baulk at the anachronistic appeals to present scientific practice. And even if modern naturalists—apparently Dadswell’s intended audience—find his spirited polemic convincing, it is difficult to see what this presentist redescription of White as an exemplary field biologist will bring to their work. There remains a crying need for historians to return White to his own historical habitat, without any irritable reaching after contributions or “firsts”. Much is lost when the Selborne curate is fixed and wriggling on a pin.

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Miriam Nicoli, *Apporter les lumières au plus grand nombre: médecine et physique dans le Journal de Lausanne (1786–1792)*, Lausanne, Editions Antipodes, 2006, pp. 260, €22.00, Sw Fr 33.00 (paperback 2-940146-82-9).

One of the interesting trends in early modern history of late has been the proliferation of studies describing the evolving patterns of communication and sharing of information. With respect to eighteenth-century history, this work dovetails with a more traditional interpretation of the Enlightenment as a project of cultural and social modernization. According to this latter point of view, advocates of the Enlightenment set themselves the task of freeing culture from the pernicious influence of religious superstition, reducing the influence of traditional, hereditary social elites, and promoting social progress via what they considered useful knowledge.

Miriam Nicoli’s study of the *Journal de Lausanne* offers an example of this kind of crossing of interests. Edited by the Huguenot pharmacist and popular scientific lecturer Jean Lanteires, the *Journal de Lausanne* was a quarto-sized weekly that appeared between 1786 and 1792. Typical of many periodicals published with such frequency, the *Journal de Lausanne* was short, consisting of four pages printed in double-column format. Lanteires’ expressed interest for his product, as Nicoli’s book makes clear, was to make itself a mediator between elite scientific and scholarly knowledge and a literate audience constituted by “the people”.

To a noteworthy extent, Lanteires succeeded in his aim, although the evidence for this is indirect. Regrettably but not unusually, no archival records of the editorial and production sides of the *Journal de Lausanne* have been preserved—no subscription lists, account books showing how the journal was distributed and to whom payments were made for its production, or other “behind the scenes” glimpses into a journal’s material existence. What Nicoli did have instead were the published traces of the extensive back-and-forth exchange between Lanteires and his readers. More than any other periodical I know of, the *Journal de Lausanne* appears to have succeeded by persuading its readers to voice their thoughts in print. This is not just a matter of producing a supplement to the journal, a widely used device whereby individuals could post notices and advertisements for a small fee. Although Lanteires began issuing such a supplement late in 1787, the reader-generated content that I am referring to came in the form of published letters that were part of the journal’s main content.

And what were readers interested in? After providing an overview of the cultural and educational context in Lausanne and the Swiss Pays de Vaud in one chapter and a review of Lanteires’ life and career as a popularizer of science in another, Nicoli devotes her longest chapter to an analysis of the journal’s contents. The topics included there will come as no surprise to anyone familiar with the cultural landscape of eighteenth-century science and medicine: electricity and the latest experiments with lightning rods; ballooning; women’s health, often in conjunction with reproduction, birthing, and care of infants; women and male medical practitioners, including the touchy subject of midwifery and the access sought by males to birthing; public health and the urban environment; prevention of premature burial; rescue of drowning victims, and somnambulism and animal magnetism. In moving through each of these topics, Nicoli often departs from what appeared in the pages of the *Journal de Lausanne* to draw in the wider social and cultural environment. This certainly helps her better to contextualize the various topics, but it also has the effect of diverting attention away from the question of what distinctive role the journal may have played in these issues.

One recurrent matter of concern to Nicoli is the relationship between the popularizing interests of the *Journal de Lausanne* and its editor on one side, and the professional interests of the scholarly and especially the medical community in Lausanne. She suggests that Lanteires’ journal may not have been entirely welcomed by the community of physicians, especially because of its publication of remedies intended for use by the journal’s readers. This, she claims, may have put Lanteires on the wrong
side of physicians’ efforts at “professionalization” (p. 173) and laid the journal open to charges of charlatanry. I found this argument unpersuasive. To be sure, there were indeed voices raised against the practice of self-medication by patients, as Nicoli points out, and it requires no great stretch of the imagination to suppose that such considerations would find common cause with opposition to charlatanry. Yet considered against the background of the large and growing genre of medical advice literature, much of which contained recipes for home remedies, and in the context of the flourishing marketplace for medical products and services of the late eighteenth century, much of which was conducted by physicians themselves, Lanteires’ efforts scarcely seem either unusual or likely to attract much censure. This rather small quibble aside, I think Nicoli has done us all a great service by making this most interesting publication more widely known.

Thomas Broman,
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Misia Sophia Doms, “Alkähmisten” und “decoctores”: Grimmelshausen und die Medizin seiner Zeit, Beihefte zu Simpliciana, vol. 3, Bern, Peter Lang, 2006, pp. 248, £32.10, €45.80, $54.95 (paperback 978-3-03910-949-4).

This is a study that relates to issues of medical “intertextuality” (defined in the broad sense of textual influence and allusion) in the work of the German Baroque author Hans Jacob von Grimmelshausen (1621/22–1676), best known to English readers as the creator of the satirical Simplicius simplicissimus. The main questions are these: how far do the concepts of health, sickness, prophylaxis and therapy expressed by Grimmelshausen through the figures and narrative voices within his writings correspond to medical understanding and debate in his own day? And do the episodes and satirical comments related to his characters indicate personal criticisms of medical theory and/or practice? The book thus takes a place among other efforts to explore the relation between literature and medicine. In many of these the focus is upon establishing the meaning of illness within a specific time and place or upon determining the role that medicine plays in constructing particular themes and structures. Doms, however, selects another, more specific, task—to determine the most likely sources for the medical elements in Grimmelshausen’s writings and to ascertain something of his own medical-critical views. While some light is shed in relation to the first undertaking, the second, Doms admits, remains obscure.

Although careful not to assume too much about Grimmelshausen’s personal knowledge of individual medical texts, Doms maintains that there is enough evidence to suggest connections, directly or indirectly, to a variety of medical sources. These include more or less contemporary German language texts and translations, especially those falling into the genre of advice literature, as well larger, more encyclopaedic medical accounts. Grimmelshausen must also have been aware of older, well-established texts such as the Regimen of health (his source, Doms thinks, for information about the six non-naturals and diet), and earlier sixteenth-century works, especially the pharmaceutical texts of writers like Christof Wirsung, Hieronymus Bock, Johann Coler, Walther Ryff, Lorenz Fries, and Hieronymus Brunschwig. References to Paracelsian medicines stem most likely from Oswald Croll’s Basilica chymica (1609).

A passage from Grimmelshausen’s Satyrischer Pilgram indicates that he viewed medicine as divided into five parts: physiologica (human anatomy, physiology including the theory of humours and temperaments), hygiaena (the six non-naturals), aethiologica (causes of illness and concepts of disease), simiotica (symptoms and courses of illness, also diagnostic practice), and trapestica (methods of treatment, including diet, medicaments, and surgery), and the main part of Doms’s study follows these divisions.

In none of Grimmelshausen’s writings are there descriptions of medical proceedings that contradict the medical practices of his time, although there are instances in which he uses satire to illustrate contemporary controversies.
regarding medical opinion and procedure. Yet, even here, Doms is hesitant to draw any clear conclusions, and simply acknowledges the difficulties in determining the focus (for example, treatments themselves or the persons and/or professions offering them) of satirical attacks. Nevertheless, while unable to make absolute judgements concerning Grimmelshausen’s evaluation of Galenism, Paracelsianism, and learned medicine, it is clear that he regarded a balance of humours and attention to the six non-naturals as fundamental to health. His characters also reveal a mistrust of iatromagic and sometimes relate Paracelsian approaches to avarice and deceit. Most interesting are the instances in Grimmelshausen’s stories in which health and illness are related to a person’s moral situation. This pertains as much to the treatment of one’s own body as to the relation between the physician and the sick. Anabaptists, for instance, reach a more advanced age because their moral commitments help shape a healthy body. Given the varieties of causes of illness, including miasmas, contagions, an imbalance of humours, immoderation as well as divine affliction, Grimmelshausen seems to have concluded that diagnosis, prognosis, and therapy required a lot from the physician making healing as much a disciplinary as an ethical challenge.

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A W Bates, Emblematic monsters: unnatural conceptions and deformed births in early modern Europe, Clio Medica 77, Wellcome Series in the History of Medicine, Amsterdam and New York, Rodopi, 2005, pp. 334, illus, €68.00, $85.00 (hardback 90-420-1862-3).

In this engaging book, Alan W Bates surveys monstrous births in Europe between 1500 and 1700. The book has two central arguments. First, based on internal evidence and modern knowledge of birth defects, Bates argues that the accounts of monstrous births in early modern broadsheets, sermons, tracts, and learned journals describe real cases and that their authors strove to be as accurate as possible. Second, these monstrous births were interpreted in the framework of the emblem tradition that was all the rage in early modern Europe. In turning monstrous births into emblems, early modern Europeans interpreted them as signs or portents. They did not invent monsters to make a point, but they believed that God did so.

Bates’s first chapter sets out parallels between emblems and accounts of monsters. The second addresses the popular literature on monsters, such as broadsheets, ballads, and chapbooks, while noting that these works also appealed to elite audiences. The third addresses how monsters were treated in learned works, including “wonder books”, as well as medical and natural philosophical treatises; the fourth chapter discusses accounts in late-seventeenth-century scientific journals. In the fifth chapter Bates examines early modern theories of how monsters were formed, while in the sixth he addresses the life-cycle of monstrous humans, including those, such as conjoined twins, who might survive and even prosper. The seventh chapter compares early modern descriptions with modern birth defects to demonstrate that the former are medically plausible accounts of real individuals.

The strength of this book is in the later chapters, when Bates brings his medical expertise to bear. Aware of the dangers of retrospective diagnosis, he makes a convincing case that the deformities described in broadsheet, learned treatise, and journal correspond to known types of birth defect: that descriptions of a child with a cat’s or rabbit’s face, for instance, far from being fanciful, refer to a cleft lip. The frequency of types of conjoined twins in early modern accounts corresponds with modern clinical observations. An appendix provides a lengthy (though not exhaustive) list of documented monstrous births in Europe from 1500 to 1700, and hazards retrospective diagnoses. By following monsters from cradle to grave (and even to anatomical preparation), Bates reminds us that they were subjects, sometimes long-lived, as well as objects to be described and interpreted.
The emblematic interpretation of monsters is less convincing. An emblem combines an apothegm, an illustration, and an epigram to convey a moral precept in more or less concealed form. Emblems were concrete expressions of poetic imagery; self-referential, their meaning could be puzzled out by comparing the three elements. Monstrous births, on the other hand, were signs, not images. Whether interpreted as divine punishments, as portents of disaster, or as the product of natural causes (interpretations that were not mutually exclusive), monsters pointed outward, not inward. Bates makes too much of the formal resemblance between emblems and printed broadsheets announcing monsters; the headlines on the latter scarcely correspond to the apothegms or mottos on the former. At the same time he downplays the semantic differences between them. The late seventeenth-century anatomical preparations of Frederik Ruysch are the clearest instance of an emblematic setting of monstrous births—but they come at the very end of Bates’s story.

A few other claims go beyond the evidence. Bates contrasts Protestant accounts of monsters as wonders and signs, with Catholic writers who treated them as the product of natural causes. But Bates’s Protestants are sixteenth-century writers of wonder books, while the Catholics he considers in depth are medical authors, largely from the seventeenth century. Chronology and genre must explain some of the difference; moreover, sixteenth-century Protestants insisted that God produced signs by natural means, not miracles. Bates suggests that printing contributed to the popularity of both emblems and monster descriptions, but the first emblem book was published over eighty years after printing was invented. And in two different chapters, Bates argues against Martha Ornstein’s 1938 claim that early modern universities contributed little to scientific developments—a claim that was long ago laid to rest by more recent scholars. The cautious reader can learn much from this book but only if its broader claims are weighed judiciously.

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Kathleen P Long, Hermaphrodites in Renaissance Europe, Women and Gender in the Early Modern World Series, Aldershot, Ashgate, 2006, pp. x, 268, illus., £50.00, $100.00 (hardback 978-0-7546-5609-8).

Hermaphrodites fascinated early modern scholars, poets and physicians, yet few studies have taken a broad view of their place in Renaissance culture. This book promises an interdisciplinary approach: updated versions of four of Kathleen Long’s previous articles and new chapters on hermaphrodites in Renaissance France (despite the title, the rest of Europe is mentioned only in passing) explore early modern thinking on sex and gender, through diverse accounts of “the ultimate sexual dissidents” (p. 243).

The first three chapters, on the “scientific” and medical works of Ambroise Paré, Caspar Bauhin and Jacques Duval, focus on the difficulties of accommodating the hermaphroditic body within a “two sex” system, where it was forced to fit, as science did not admit “a more complex continuity of nuanced genders” (p. 55). While medical writers struggled with ambiguity, others celebrated it: chapters four and five consider the hermetic androgyne, the alchemical rebis sacrificed and reborn in the works of Paracelsus and Clovis Hesteau de Nuysement, where the hermaphrodite is a symbol of hope, a theme further explored in lyric poetry from the court of Henri III. Contrasting hermaphroditic imagery from poems and pamphlets satirizing Henri as a royal hermaphrodite is then used to link ambiguous sexuality and hermaphrodisim, and a concluding chapter on Thomas Artus’s novel L’Isle des hermaphrodites summarizes the protean symbolism of the hermaphrodite in turbulent times.

Long effectively conveys the ambiguity of hermaphrodites through a sort of Zen-like paradox—the hermaphrodite is “not identical to itself” (p. 4) and all speech about it is necessarily a lie (p. 234)—though this device is less happily employed in textual analysis, for example when Artus’s language of hermaphrodites is described as “at once a richly abundant and inventive self-supplement, and a sort of annihilating anti-supplement” (p. 233).
Despite an occasional lack of clarity, the densely argued chapters on hermaphrodites in literature do justice to the complexity of the subject and are one of the book’s strengths. The analysis of medical accounts of hermaphrodites fruitfully explores the influence of cultural attitudes (observers steeped in alchemical imagery looked at conjoined twins and “saw” hermaphrodites) but gives less weight to empirical observation. While detailed anatomical description is acknowledged as a prerequisite for the shift away from a simple male-female dichotomy, Long sees such knowledge as “a sort of violation” (p. 79), as though the culturally charged subject of sex is altogether too subtle for the anatomist’s unsophisticated gaze.

The link between hermaphrodisim and homosexuality, which furthers comparison with latter-day sexual dissidents, is perhaps over emphasized: the bisexual Henri III was depicted as an hermaphrodite and a sodomite, but he was also accused of heterosexual rape, witchcraft and murder, and it was not unusual for calumniators of great men to hurl every unnatural charge they could think of. A poetical hermaphrodite crucified, drowned and transfixed by a sword—the “threefold death” of ritual sacrifice—is linked to homosexuality because crucifixion was “eventually inflicted on homosexuals” and his/her death is interpreted in accord with the Freudian dogma that hermaphrodisim “expressed a fear of castration” (p. 10). Tales of hermaphrodites put to death in antiquity are adduced to show they were ostracized and feared, though greater use of witness accounts (such as the primary sources listed in the works of Dudley Wilson and Irene Ewinkel) might have revealed a more varied response in early modern Europe.

Readers with a background in gender studies will find this book a rich source of material on early modern theories of sex and gender. For medical and social historians it offers a fresh approach to well-known and less well-known sources on monstrous births in Renaissance France.

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**Barbara S Bowers** (ed.), *The medieval hospital and medical practice*, AVISTA Studies in the History of Medieval Technology, Science and Art, vol. 3, Aldershot, Ashgate, 2007, pp. xiv, 258, £55.00, $99.95 (hardback 978-0-7546-5110-9).

Medieval medical history has emerged over the last three decades as a flourishing discipline, notable for its broad approach and the wide range of sources used by those who study it. After years of neglect, and not a little academic condescension, the long period between Galen and Vesalius has been subject to sustained scrutiny and radical reassessment, as the fifteen essays presented in this volume testify. They were first given as papers at the thirty-sixth International Congress on Medieval Studies at Kalamazoo, Michigan, in 2001, and are here grouped into four sections devoted to research methods, physical evidence, the reinterpretation of documentary sources and monastic connections. Inevitably, in a collection of this size and provenance, the quality of individual contributions varies considerably, although most reflect the lively, original and often revisionist nature of recent scholarship.

Lynn Courtenay’s splendid account of the hospital of Notre Dame des Fontenilles at Tonnerre uses topographical, architectural and archival sources to explore the symbiotic relationship between healing and religion. The creation of a pious and affluent female patron in search of salvation, this remarkable hospital offers a striking example of the practice of “medicine without doctors” examined by Peregrine Horden. As he explains, in a stimulating reassessment of the nature of medieval therapeutics, an anachronistic preoccupation with twentieth-century concepts of “medicalization” has led historians both to misunderstand and to denigrate the type of treatment on offer in such places. Paramount among the pragmatic concerns of founders was a desire to eliminate the noxious effects of miasmatic air, although, as Renzo Baldasso shows, few, if any, achieved the sophisticated marriage between architectural design and medical theory apparent at the fifteenth-century Ospedale Maggiore, Milan.
Turning to the spiritual environment, James Brodman examines the disciplinary measures increasingly employed in thirteenth-century French hospitals. He provides a workmanlike account of the documentary evidence, but does not explore the wider context of the *regimen sanitatis* and its preoccupation with moral as well as physical contagion. Monastic customaries on bloodletting and the care of the sick receive similar treatment from M K K Yearl, who draws some interesting conclusions about differences in practice, but ignores the close connection between venesection and the need for celibacy in the cloister.

Once regarded as a sterile amalgam of “ignorance” and “superstition”, Anglo-Saxon medicine emerges from these pages as inventive, pragmatic and effective. Both Anne Van Arsdall and John Riddle argue persuasively for a reassessment of the botanical knowledge of early medieval herbalists, while Maria D’Aronco provides further support for the argument that the celebrated St Gall map, with its impressive infirmary complex, may well have been designed for English use. The surviving manuals compiled by Byzantine hospital physicians present historians with another valuable source for this process of re-evaluation, which Alain Touwaide describes in a meticulously researched paper. Approaches to the study of leprosy in medieval Europe have already been transformed, in part through the adoption of a new interdisciplinary research agenda, comprehensively described by Bruno Tabuteau, whose only serious omission from an otherwise exemplary survey is the important work on medical texts by Luke Demaitre. Archival studies have certainly played their part in advancing our knowledge of the disease, as Rafaël Hyacinthe reveals in a perceptive chapter on the Order of St Lazarus.

With a number of excellent essays to recommend it, and two useful contributions on sources from the archaeologists, William White and Geoff Egan, this collection constitutes a welcome addition to the growing body of publications on medieval medical history. Such a chronologically and thematically wide selection of papers could, however, have made a greater impact as a showcase for new research and methodologies had it been accompanied by an introduction outlining major developments in the field and providing a general overview of the volume’s structure and purpose. There is also a general lack of consistency and cross referencing between papers which tighter editing would have addressed. Even so, Barbara Bowers deserves our thanks for bringing these papers together.

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**Carmen Caballero-Navas** (ed.), *The book of women’s love and Jewish medieval medical literature on women: Sefer Ahavat Nashim*, The Kegan Paul Library of Jewish Studies, London and New York, Kegan Paul, 2004, pp. 314, £85.00 (hardback 0-7103-0758-6).

The Hebrew Book of women’s love (*Sefer Ahavat Nashim*), here edited and translated for the first time, is known to exist in only one late fifteenth-century copy, made probably in the area of Catalonia or Provence. Caballero-Navas postulates that the text was composed in the thirteenth century, but a more precise dating may never be possible. It gathers together different kinds of knowledge, juxtaposing magic with detailed remedies based on the traditional pharmacopoeia of simple and compound medicines widely used in medieval Europe. After introductory sections on love magic and aphrodisiacs, it organizes the remaining cosmetic, gynaecological, and obstetrical remedies in head-to-toe order. The combination of medicine and cosmetics, topics we would now consider quite distinct, is not at all unusual in the Middle Ages, being found in Latin and vernacular texts on women’s medicine throughout Europe. More unusual is the incorporation of mechanisms to improve the sexual success of men, which are rarely found so closely allied to women’s medicine in other linguistic traditions until the late Middle Ages.
The *Book* is first and foremost a remedy book, with virtually no theory of causation. As such, it is probably of most interest as evidence for the sociology of the body and will rightly attract a broad audience of historians of women’s medicine and sexuality. Such readers will no doubt find this edition and its accompanying commentary a bit obscure not simply because of the unusual nature of the text but also because of certain editorial decisions. Instead of merely stating that the works of the Arabic authorities al-Rāzī, Ibn Sinā, and al-Zahrāwī, all of whom are cited in the text, were translated into Hebrew at such and such a date, Caballero-Navas might have confirmed whether the references can be traced or if the author was simply name-dropping. Greater engagement with Latin medical traditions might have also shown that this Hebrew tradition is not as directly derivative of Arabic medicine as it seems. Caballero assumes (pp. 28–9) direct use of the North African Arabic writer Ibn al-Jazzār, ignoring the more obvious parallels with the Latin *Liber de sinthomatibus mulierum*, a twelfth-century Salernitan treatise that drew heavily upon Ibn al-Jazzār and was available in Hebrew translation. And most readers are likely to miss the passing clarification on p. 81 that the Catalan cosmetic and gynaecological treatise, which has already been referred to over a dozen times as the *Trotula*, has no direct relation to the Latin treatise that circulated under that name; they will find no explanation at all that this is actually a rendering of a Latin treatise on cosmetics usually attributed to Arnau of Vilanova.

Caballero-Navas is least persuasive in her arguments about the book’s intended audience. As the original author himself declares, this book is about “what women like and need for themselves; for this reason it has been called *Book of women’s love*, for you will find in this book what women, and those who are able to have intercourse with them, ask from the art of medicine” (p. 116). Caballero-Navas fails to engage with the significance of that penultimate phrase and with items such as “A love formula . . . that is so strong that she will run after you” or a concoction which the reader is to make from his own semen (p. 108). Male use of cosmetic and gynaecological texts, whether to treat female patients, to inform themselves about sexuality and generation, or to woo women through knowledge of cosmetics, has now been well documented for other medieval gynaecological and cosmetic literature. The one extant manuscript copy of the *Book* situates it alongside works of Kabbalah, medicine, and natural philosophy; despite Caballero-Navas’s citation of evidence for Jewish women’s book ownership, the character of this codex suggests interests more typical of learned males. The present study does not supersede Barkai’s 1998 survey of a larger body of Hebrew gynaecological literature, which addressed important questions of the motives for translation and the relation of Jewish learning to that of the majority Christian culture (Ron Barkai, *A history of Jewish gynaecological texts in the Middle Ages*, Leiden, 1998).

Nevertheless, this handsomely produced edition contributes significantly to the recovery of medieval Hebrew learning and, one hopes, will serve as the basis for future analyses of how knowledge of sexuality and medicine was shared or contested between men and women, and who was actually reading books such as this.

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**Marguerite Hirt Raj. Médecins et malades de l’Égypte romaine. Étude socio-légale de la profession médicale et de ses praticiens du Ier au IVe siècle ap. J.-C., Studies in Ancient Medicine, vol. 32, Leiden and Boston, Brill, 2006, pp. xx, 386, €139.00, $181.00 (hardback 978-90-04-14846-8).**

This thirty-second volume in the series Studies in Ancient Medicine (Brill) presents the revised and updated version of a PhD thesis defended at the University of Geneva in 1996 by Marguerite Hirt Raj. A classicist, Raj’s objective in this book is to propound “une étude approfondie de la position sociale et du statut des médecins et de leur profession en Égypte romaine” (p. 5). The study is divided into six chapters: the introduction and the conclusion aside, chapters 2 to 4 encompass the definition of
the physician’s profession (training, specialization and particular cases, and remuneration), the fields of medical activities (public sector, army, private sector), and the physician’s social and legal status. Chapter 5, entitled ‘De l’étiologie à la thérapie: le choix offert au malade’, proposes a general reflection on the kinds of medicine practised in Antiquity.

The subject of this work is very promising, for it considers ancient medicine as a social practice, with the intention of improving our knowledge not of medical theories and therapeutics, but of the social and legal status of doctors and their art in Antiquity. However, Raj does not fully attain her objective, because of an incomplete understanding of medical history. In fact, she does not seem to have had any specific training in the history of medicine, and thus makes some mistakes in the interpretation of evidence. On several occasions, Raj’s remarks betray her misreading of Greek and Latin medical literature, notably the Hippocratic Corpus. For example, concerning the medical knowledge of Philo of Alexandria, Raj points out that he had studied the Hippocratic authors, in particular “Hippocrate, dont il cite par deux fois le début des Aphorismes . . . ainsi qu’un long passage tiré du traité des Semaines” (p. 70). The wording here implies that these two treatises, the Aphorisms and the Weeks, are still attributed to Hippocrates today, a view at variance with modern Hippocratic studies. The author’s lack of familiarity with the medical evidence also appears in the choice of editions. For instance, Raj quotes (p. 245) a long extract from the Hippocratic treatise Sacred disease in the French translation of Emile Littre, published in 1849, without taking into account the more recent editions, particularly the translation and commentary of Jacques Jouanna (2003).

Some inaccuracies also appear in the pages on the archiatroi. With regard to the oldest mention of the term, Raj cites the inscription discovered at Iulia Gordos (Lydia), in honour of Apollonophanes of Seleucia, doctor of Antiochos III. She, of course, states that on the damaged original the word archiatros was restored, but she still seems to believe this to be the correct word, only indicating in a footnote that Louis Robert rejected this “restoration”. Today, it is admitted, after new reading of the stone, that the word archiatros was never inscribed on the chiselled area (P Herrmann, ‘Ehrendekret von Iulia Gordos’, in AAWW, 1974, 111, p. 439, n. 2; E Samama, Les médecins dans le monde grec, Genève, 2003, p. 355, n.50). Furthermore, Raj asserts that the title of archiatros seems not to have been given to the doctors of the Ptolemaic kings, nor to the imperial doctors in Rome (pp. 55–6). Yet, in the following lines, she rightly mentions some instances of the title being used during the reigns of Claudius (C. Stert. Xenophon) and Nero (Andromachos). Moreover, other examples of archiatroi, imperial doctors in Rome, appear in ancient evidence (T. Stat. Crito under Trajan, Marcios Hermogenes under Hadrian, Stat. Attalos under Marcus Aurelius and Lucius Verus, L. Gellios Maximos under Caracalla). The word archiatros did not always designate the imperial doctor in Rome, but it could be employed with this meaning.

In addition, Raj sometimes bases her argument on evidence which is not chronologically relevant to her subject. For instance, among the types of medical men, she refers to the pepaidemenos or the cultured man (pp. 67–70), a word borrowed from Aristotle. She quotes some examples of this enlightened medical amateur throughout Antiquity, from Plato to Apuleius, including Philo of Alexandria in Roman Egypt. But she is unable to identify any in the papyrological evidence, because they do not practise medicine as such. However, this kind of pepaidemenos, defined by Aristotle, is the result of theoretical considerations, which cannot be transposed to the reality of medical practice under the Empire. It is one of the misuses of evidence which detracts from the quality of this work.

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M S Valiathan, The legacy of Suśruta, Hyderabad, Orient Longman, 2007, pp. xxxiv, 830, Rs 895 (hardback 978-81-250-3150-5).
M S Valiathan’s new book on the *Sūrutasamhītā* has been constructed on the same principles as his *The legacy of Caraka*, published for the first time in 2004. The contents of the *Samhītā* are rearranged in fifteen sections and eighty-seven chapters by collecting the material on particular subjects usually found scattered in the original treatise. Most chapters are therefore composite as can easily be ascertained by consulting the references at the end of each. Several chapters on particular diseases, for example, derive their text from the Nidānasthāna (aetiology, symptomatology, etc.) and the Cikitsāsthāna (treatment). The position of the sthānas themselves has also been reorganized. The Śārīrasthāna, for example, has been moved towards the end.

This arrangement has obvious advantages in view of the fact that the *Sūrutasamhītā* spreads its teachings on a specific topic in many instances over a number of chapters, even over different sthānas. This is an even more conspicuous feature of the *Carakasamhītā*, which led P V Sharma, much earlier than Valiathan, to an enterprise resembling the latter’s *The legacy of Caraka*, namely to the compilation of the *Carakasamhītā*, which does not present a translation, but, instead, the original Sanskrit.

On the other hand, Valiathan’s method has its drawbacks, mostly the same as P V Sharma’s work. Those familiar with the Sanskrit text and its order or with a full translation are faced with the problem where to find particular passages of the original in Valiathan’s book since the latter did not provide it with a concordance, which would have been a boon to his readers. His table of contents and the summary index give only a superficial orientation.

Valiathan’s English rendering of Sūrūta’s text is not a complete one. Sentences or verses are omitted in several instances and abridgments are rather common. The translation itself is in general acceptable. His preface states that he made use of P V Sharma’s translation of the complete text but he sometimes deviates from it. These changes are in most cases no improvement. The transliteration is in general correct apart from a restricted number of oddities, such as aśṭilā instead of aṣṭhilā, udbhija instead of udbhija, jāmbvauṣṭa instead of jāmbvauṣṭha, darbha instead of darbha, jāṅgālā instead of jāṅgala, manyāsthambha instead of manyāś tambha, etc. These errors increase in the list of Sanskrit names of plants; examples are: barhiṣṭā, jatīla, jingini, kkanḍa, kusmāṇḍa, kusumbha, sahadeva, trapuṣā.

Another important feature of Valiathan’s work is the tabular presentation of a large part of the contents, which makes it easier for the reader to see the structure of lists and prescriptions. As in most translations of Sanskrit medical texts, the translator seems not to have met with difficulties in the interpretation and with ambiguities. Valiathan refrains from indicating where such passages are found and which alternatives are possible or have been proposed by predecessors.

The author has been wise in keeping the original names of plants and having asked C Ramankutty of the Arya Vaidya Sala to prepare the list of botanical identifications. The spelling of the botanical names is in most cases remarkably correct; exceptions are Boerhaavia instead of Boerhavia and Crataeva instead of Crateva. The names given are usually the valid ones though exceptions do occur. Examples are: guggulu—*Commiphora mukul* (Hook. ex Stocks) Engl. instead of *Commiphora wightii* (Arn.) Bhandari, sūraṇa—*Amorphophallus campanulatus* Decne., while the correct names are: *Amorphophallus paeonifolius* (Dennst.) Nicolson = *Amorphophallus campanulatus* (Roxb.) Bl. ex Decne. Sources are not indicated but it is no surprise to discover that the identifications in most cases agree with those given in *Indian medicinal plants: a compendium of 500 species*, edited by P K Warrier, V P K Nambiar and C Ramankutty himself. The errors indicated are also found in this source. Nevertheless, there are deviations too; the identities of a number of plants disagree; examples are: āśphotā, kovidāra, kucandana, kuraṇṭikā, snuhi, svaṃkaśiri, viśaṃṣūṭi. A second source is probably P V Sharma’s *Dravyagūṇavijñāna*, as attested by the identification of kākanḍa (more correct: kākāṇḍa) as *Mucuna monosperma* DC.

Noteworthy are the distinction made between himṣrā and ahiṃsṛā, regarded as identical by Dālhaṇa, a commentator on the *Sūrutasamhītā*,

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and the identification of śvētā as Careya arborea Roxb. A remarkable feature is the absence from the list of a considerable number of plants mentioned in the Suśrutasamhitā, such as akaśoṭa, arīmeda, bhūrja, bhūṭrṇa, chagālāntri, cītrā, cukra, coca, dhanvana, gavedhuka, kapittha, nākuli, pattūra, prapunñaḍa, tamāla (patra), tripuṭaka, ṭuṇṭuka, vatsanābbha.

A characteristic of the list of botanical identifications is a fair number of question marks after Sanskrit names of plants indicating that no reliable identifications are known. This contrasts with the apparent certainty of the majority of the identifications, whereas it is generally known that many of these are not certain at all. No doubts are shown, for example, in identifying controversial plants such as mūrvā, pāśāṇabheda and rāṃṇā. The members of the group of eight plants called aṣṭāvarga are even confidently given a botanical name despite the fact that nobody knows what their original identity may have been.

Valiathan discusses the genesis of the Suśrutasamhitā in his introduction. He assumes that an original Suśrutatantra has been reworked and enlarged with the Uttaratantra by a Nāgārjuna and that later changes, especially by Candraṭa, made it into the text known to us. He is convinced that the Suśrutatantra came into being well before the time of Pāṇini (around 700 BC) since the latter refers to a Suśruta. This assumption, rather often found in works by Indian authors, has no solid basis because the grammatical works mentioning Suśruta (the Ganḍapāṭha of Pāṇini’s Aṣṭāḥṣaṭpyāyī, Kātyāyana’s Vārttikas, the Kāṣikāvṛtti, and the Mahābhāṣya) nowhere indicate that a medical authority is meant (see G Jan Meulenbeld, A history of Indian medical literature, Groningen, 1999, vol. IA, pp. 333–5). Valiathan’s view that the Nāgārjuna who revised the Suśrutatantra lived after Drḍhabala, who did the same with the Carakasamhitā, also lacks any supporting evidence. Finally, he does not indicate which additions were, in his eyes, made much later by Candraṭa.

Recapitulating briefly my impressions, Valiathan’s new book on the Suśrutasamhitā is a valuable addition to the already existing translations by bringing together related but scattered information and by presenting complex material in tables. Unfortunately, the resulting drawbacks of this procedure have not been remedied. Apart from this, the book shows numerous minor deficiencies and inaccuracies, proving that the author is not well acquainted with the recent literature on the Suśrutasamhitā.

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