Geoffrey Lloyd and Nathan Sivin, The way and the word: science and medicine in early China and Greece, New Haven and London, Yale University Press, 2002, pp. xvii, 348, £25.00 (hardback 0-300-09297-0).

Although the subtitle of this book explains that it deals with “science and medicine in early China and Greece”, the work contains as much discussion of ancient philosophy in both Greece and China as ancient medicine or science. However, a question constantly lurks in the background: is there really any connection at all between medicine or science or philosophy in these two societies? The answer, it seems, is mostly “no”. So why pose the question in the first place?

In the first chapter, on the “historical setting”, the authors define their methodology by stating that they are not “comparing things or concepts but whole processes” (p. 9). In so doing they rely upon the fact that the sources of information from both Greece and China were roughly contemporary, but this is, in fact, the most striking common feature of the data coming from these two societies. What ensues in this book are two fascinating and readable discussions of philosophy, science, and medicine in China and Greece, without trying to argue that either society influenced the other in any way.

One impression which the reader is left with is how very different these two societies were in general and how the social differences affected their respective views of science and philosophy. In Greece, for instance, scholars and philosophers tended to be amateurs or private individuals, while in China such scholars strove to become court officials under the patronage of the ruler. The social conditions under which philosophies were conceived and constructed could hardly have been more different.

Furthermore, much Chinese scientific and philosophical literature can be ascribed to scholars known to us by name and position, while much Greek lore, particularly within the Hippocratic corpus, is anonymous. In Greece, on the other hand, even slaves could function as doctors, along with both private citizens and aliens.

Another example of difference between Greek and Chinese scientific literature is the way in which the texts were recorded and transmitted. In China, early examples of treatises consisted of relatively brief texts on silk which were buried with their owners in tombs, and recently excavated fragments indicate how these texts differed considerably from each other. These fragments were later compiled, in the late first century BC, into canonized editions of treatises in the form of longer compositions. Hence, the transmission of classical texts is quite different from the way in which texts were composed and studied in the Greek world.

Many basic concepts in philosophy and cosmology differ considerably between Greek and Chinese thought, such as the fact that Chinese thinkers had no term corresponding to Greek phusis or “nature”, a concept central to the Greek view of the universe. The Chinese had no atomic theory or idea of basic elements forming all matter. Furthermore, the basic Chinese conception of the cosmos was that of order imposed by a benevolent ruler, modelled upon their own political structures, while Greek thought was essentially anarchistic and devoted to aggressive dispute and rival theories. As the authors themselves openly admit, “the fundamental concepts in play in China and in Greece were strikingly dissimilar” (p. 241). The basis for comparisons between Greek and Chinese thought are actually more complex than the authors have admitted. For one thing, Greek language, a lingua franca, was widely spoken and used by non-Greeks throughout the Mediterranean world. Hence, what we consider to be Greek philosophy or cosmology or science may have, in some cases at least, been influenced by other societies, such as Persia and even Mesopotamia. For example, the Stoic philosopher, Diogenes of Babylon, may have been steeped in his own local traditions although he wrote in Greek, or at least his works are
preserved only in Greek. Furthermore, examples can be cited of parallels between the early Hippocratic (or so-called “Cnidian”) medicine and contemporary Babylonian medicine, such as the absence of a theory of humours and reliance upon materia medica as a primary form of therapy. In fact, the problem with trying to compare Greece and China is that geographically intervening societies—such as Mesopotamia and India—have been catapulted over without much notice. The authors, in fact, make a single reference to this omission in their argument: “The cosmic order that Chinese imagined also differed greatly from that of the Greeks. Like the functionaries of Mesopotamia before them, those of early China believed that irregularities were ominous, meant by heaven to warn rulers. The Greeks did not build their astronomical models atop this conviction, although they borrowed much else from the Middle East” (p. 215).

Nevertheless, although one can take issue with the basic conceptual framework, there is much of value in this book. Each individual essay on Greek and Chinese science (and philosophy) is succinct and clear in its own right, without reference to comparisons. There is much that will engage the reader interested in ancient medicine, both Greek and Chinese. The Hippocratic Oath is described with its primary purpose—not as an ethical code for physicians in general—but to specify that the relationship of a pupil towards his teacher resembles that of son to father, with all the obligations this implied as well. In fact, the exclusive nature of this relationship is cited from the Oath, that the pupil pledges to pass on medical knowledge only to his own sons, his teacher’s sons, or to pupils who are also bound by oath, but to no one else. It is worth adding that similar oaths between teacher and pupil, prohibiting revealing professional knowledge to the uninitiated, were known in both Mesopotamia and in Egypt, and that the intention of the oath was to define the obligations of a pupil towards his master as well as to render professional knowledge inaccessible to the general public.

Furthermore, there is a clear discussion of differences between the medical philosophies of the Dogmatists, Empiricists, and Methodists, and the intellectual rivalries between these groups. There is an important discussion regarding attempts to model medicine on the more exact sciences of astronomy or mathematics. On the Chinese side, one finds helpful explanations of difficult terminology, such as “air, breath, smoke, mist”, etc., as well as physical vitalities derived from food and breath and climactic influences. The authors do not assume much prior knowledge in trying to explain the philosophical bases for medicine and healing. Nevertheless, it must be said that even readers well versed in Greek medicine may find corresponding Chinese terminology and concepts difficult to comprehend.

One admires this book for its breadth, scope, and for demonstrating the courage to try and adopt a new approach to discussions of ancient science. It does, however, turn out to be a graft of two separate studies of essentially different corpora, although the same questions have been asked in both cases. In the end, this stimulating and thought-provoking volume shows that a comparison is not necessarily a similarity.

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Sumit Guha, Health and population in South Asia from earliest times to the present, London, Hurst, 2001, pp. vii, 178, £25.00 (hardback 1-85065578-2).

This is an interesting book, written by one of India’s most highly regarded economic historians. Apart from a persuasive introduction, the book contains six chapters, which, in keeping with its title, deal with a wide range of themes. The first is, to use Guha’s words, an exploration of the population history of South Asia, from the first to the twentieth centuries. Setting a trend for the rest of the book, it provides us with a detailed, critical analysis of the existing literature, followed by Guha’s own postulations. His concluding comments, dealing with the nature and effects of population rise in the sub-continent, encourage us to consider the environmental effects of the levels of this
demographic growth. It must be noted that he pays greatest attention to the eighteenth and nineteenth centuries here, possibly reflecting the relative paucity of the secondary material available on the earlier period. The following chapter is a preliminary enquiry into the mortality decline witnessed in early twenty-first-century India; another important theme. Here Guha highlights the role of climatic change in reducing mortality, whilst acknowledging that public health measures might have contributed to falling death-rates from diseases like kala-azar, cholera and smallpox.

The third chapter, which advertises itself as the beginning of an exploration of household size and structures between c.1750 and 1950, is just that. And yet, Guha is able to deal with a very important theme here—the myth of the widespread existence of the joint family, which he identifies as being “merely [a] traditional myth propagated by power-seeking patriarchs”, noting that “the real world was intrinsically far more individualistic in its behaviour” (p. 107). This insight should be carefully considered by medical historians, as it has significant analytical implications—Indian society did not respond to medical interventions as an unthinking, “hegemonized” mass (nor did it respond in unison, driven by some generalized, universalistic religious fervour, which some historians too easily invoke when explaining a complex phenomenon like civilian resistance). The next offering deals with nutrition, sanitation, hygiene and the British army in India, roughly between 1870 and 1920. Guha uses this case study to raise questions about the ability of officially-sponsored medical regimes to bring about substantial and lasting changes in mortality decline. He underlines, instead, the roles also played by nutritional and genetic factors in improving the health of the Raj’s army. Many of his arguments are compelling, but not all of them completely persuasive. I wondered, for instance, whether the new “science” of political economy that Guha refers to was not more closely linked to the other “sciences” that began to flourish at the same time, but which he does not really examine—public health and epidemiology.

The fifth chapter, dealing with some early official publicity for vaccination in western India, is the one I enjoyed the most, as it makes available to us a translation of an important text. Guha’s analysis of the text is insightful and valuable, but one wishes here that he had relied less on secondary material, especially as some of this contains very little evidence for the region his text deals with. New work is, after all, beginning to show that widely differing methods of variolation and vaccination were in existence across the sub-continent, which, in turn, evoked a range of civilian attitudes. The final chapter is a quite hurried review of health and environmental sanitation in twentieth-century India. Guha suggests that efforts concentrated on re-shaping macro-environmental patterns are likely to be only partially successful, as pathogenic micro-organisms have the capability of re-adapting and finding other pathways through which to spread. It is an important reminder, both for scholars involved in assessing the effectiveness of policy measures, as well as more academically orientated historians, that it is impossible to find simple solutions for a large, diverse country like India.

All in all, this is a very welcome review of themes that will interest students of the history of medicine, environment and population in South Asia. Sumit Guha’s breadth of reading makes this book work extremely well—less erudite scholars might have struggled to make the text flow in the way it does. One general criticism might be that a historian of his talent could have profitably conducted more primary research relating to all the important topics that he deals with here. Monographs based on carefully detailed research and analysis as well as on a combination of English and Indian language sources—are still relatively rare in South Asian medical history and I cannot think of a better scholar than Sumit Guha to perform the task. This book is tantalizingly filled with preliminary explorations: let us hope that it indicates Guha’s intention to produce a detailed study of the medical history of western and central India, on whose
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Ken Arnold and Danielle Olsen (eds), *Medicine man: the forgotten museum of Henry Wellcome*, London, The British Museum Press, 2003, pp. 397, 500 colour and 50 black and white illus., £19.99 (paperback 0-7141-2794-9)

This book, which accompanied the Wellcome Trust exhibition at the British Museum in 2003, seeks to convey something of the spirit and atmosphere of Henry Wellcome’s lifelong accumulation of objects relating to medical history, which he conceived very broadly. It does not really aim to be a history of that collection, or of Wellcome himself, so much as to give a flavour of both, in a more impressionistic way. The book fascinates, not least because of the illustrations, which one can only describe as lavish and copious, however clichéd the phrase. It is very fully illustrated throughout, but the most important images are organized into six visual essays, on themes such as ‘The beginning of life’, where a number of photographs of anthropological and historical objects, drawings and paintings on a broad theme are gathered together. There is no particular chronological or geographical order to these essays, which seems to suit the, to put it mildly, eclectic and unsystematic collecting of Wellcome himself, so much as to give a flavour of both, in a more impressionistic way. The book fascinates, not least because of the illustrations, which one can only describe as lavish and copious, however clichéd the phrase. It is very fully illustrated throughout, but the most important images are organized into six visual essays, on themes such as ‘The beginning of life’, where a number of photographs of anthropological and historical objects, drawings and paintings on a broad theme are gathered together. There is no particular chronological or geographical order to these essays, which seems to suit the, to put it mildly, eclectic and unsystematic collecting of Wellcome himself. They were chosen to “delight the eye or challenge the mind” (p. 45); they do not actually convey a story, rather they highlight the variety and range of societies’ responses to the human body and its life cycle, diseases and injuries, which they do very well (despite representing only 0.1 per cent of Wellcome’s entire collection!). It is refreshing to have the contents of a book dictated, as the editors freely acknowledge, by a sense of wonder and fascination, rather than a particular argument to be developed.

The visual essays alternate with written essays by a variety of contributors, mostly from museums, with a few medical historians. These contributors have a difficult task—to bring some framework or coherence to this great gathering of things—which they approach in different ways. Among the most straightforward, and useful, is Ghislaine Lawrence’s article on the development of Wellcome’s Historical Medical Museum, setting it in the context of the anthropological and museological thinking of the day, though it is abundantly clear that Wellcome went his own way. Other articles look at the Wellcome Library and at Wellcome’s forays into archaeology. John Mack’s article seeks to uncover how Wellcome understood the relationship between medicine and anthropology, asserting that there was some system in Wellcome’s bewilderingly omnivorous collecting practices, which stretched the category of “medicine” to the breaking point; Wellcome followed the paradigm of late nineteenth-century anthropology, especially of A H Pitt-Rivers, in developing an evolutionary sequence which followed technical development in various object types, rather than looking at an entire cultural context, as twentieth-century anthropologists were increasingly doing. John Pickstone writes more generally of the ways in which the history of medicine can be approached, while Ruth Richardson gives a more personal response to encountering the collection.

The various contributors, then, attempt to set Wellcome in the context of the intellectual framework of his own day—though the conclusion seems to be that he was somewhat isolated from that framework—and to ask what his collection might mean for us today; they also attempt to invoke the atmosphere of the collection. However, this is more successfully done by the images than the words; there is a certain unevenness of tone among the articles, from a quite conventional academic style to a much more personal, emotional one. While the book as a whole is fascinating, and lends itself to browsing or more focused reading, it is the illustrations that make it so remarkable.

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Although best known for his prolific writing on the history of medicine, the late Roy Porter’s reputation among general historians and a generation of Cambridge graduates was first and foremost as the author of the outstanding Penguin paperback, *English society in the eighteenth century* (1982). He was therefore the obvious authority to edit the fourth of eight volumes synthesizing our knowledge of the history of science. The *Cambridge history of science* has been planned since 1993 as a complement to Cambridge University Press’s fourteen volume *Cambridge modern history*. It is intended to be an up-to-date account of science “from the earliest literate societies in Mesopotamia and Egypt to the beginning of the 21st century that even nonspecialist readers will find engaging” (p. xxx). In *Eighteenth-century science*, Porter masterminds thirty-five contributors in a sweeping survey of the *longue durée* (curiously a temporal category not used by any of the contributors) between Newton’s *Principia* (1687) and the defeat of Napoleon in 1815. Although Porter did not live to see the volume through the press, he contributed a vintage twenty-page introduction that seamlessly links the authors’ papers together. He observes that while Enlightenment sciences lacked the drama of the scientific revolution in the seventeenth century or the Darwinian revolution of the nineteenth, the century was anything but dull. During it natural philosophy became part of Western culture and “public knowledge”, and natural philosophy itself underwent what Porter terms “balkanization” as the unified nature of tradition broke up into specialist disciplines.

It is unfortunate that Porter chose not to contribute a chapter. As it is, Thomas H Broman’s essay on the medical sciences (pp. 463–84) is confined to a treatment of medical theory as articulated by university-trained physicians. It is a fine chapter, but its account of a world without surgeons, apothecaries, patients and the medical market place is hardly representative of the scholarship of the last twenty years. (Indeed, readers interested in eighteenth-century medicine would be better directed to Porter’s rumbustious chapter in his *Greatest benefit to mankind*, 1997.)

The bulky but sturdily-bound volume is organized into five sections. Eight preliminary essays on science and society cover the Enlightenment, universities, institutions, science and government, popular science (an entertaining and perceptive essay by Mary Fissell and Roger Cooter), the image of the man of science, women, and how historians have deployed prosopography. Part 2 has a dozen essays on scientific disciplines; besides the obvious sciences collateral to medicine, these include treatments of the classification of natural knowledge and of the marginalization of sciences such as animal magnetism, physiognomy, astrology, alchemy and Hutchinsonianism under the twin pressures of Enlightenment reason and social attitudes. A shorter section of five essays follows on special themes such as instrument making, printing and the book, scientific illustration, and the significant subject of scientific voyages during the century. The book then looks at non-Western traditions in Islam, India, China (over brief, and strangely achieved without a single reference to the work of Joseph Needham) and Spanish America. Each of these, but particularly the last by Jorge Cañizares Esguerra, pays particular attention to medicine. Science in the Ottoman empire, Africa and Australasia are not covered except by default in scattered references by several authors to exploration during the century. A final section of five excellent essays surveys some of the ramifications and imports of the century’s events and concerns in religion, literature, the philosophy of mind, commerce and Empire, and technological change. The latter two chapters, by Larry Stewart and Ian Inkster, are the only ones that deal explicitly with industrialization.

Porter admits to having had difficulties in commissioning non-British or American contributors, but given the global reach of the volume Anglo-American bias is minimized and the treatment of French and German sources is excellent. The comprehensive indexing required
in such an encyclopaedic survey seems reliable and helpful, though it is puzzling why some, but not all, footnotes are indexed. While the volume does not offer a comprehensive survey and analysis of the medical sciences in the eighteenth century (the lack of a chapter on pharmaceutical developments is a serious omission), historians of medicine will undoubtedly find this a useful reference book for help in contextualizing their teaching and research. It achieves Porter’s intention of providing a stable platform upon which scholarship on the nineteenth-century can be built. At the same time it shows how the eighteenth century was much more than the consolidation of the revolutionary changes that had taken place in the century before.

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**Andrea A Rusnock,** *Vital accounts: quantifying health and population in eighteenth-century England and France*, Cambridge Studies in the History of Medicine, Cambridge University Press, 2002, pp. xvi, 249, illus., £45.00, US$65.00 (hardback 0-521-80374-8).

The history of early modern population arithmetic is the central chapter in the gradual process by which European cultures came to understand themselves as numerically constituted and as structured by recurring mathematical relationships. Rusnock’s *Vital accounts* provides an admirably clear and unruffled narrative of the evolution of numerical aspects of this development during the eighteenth century, with particular attention to medical topics. Understanding the quantitative reasoning of this period is of particular interest as it precedes the rise of statistics in the early nineteenth century and its ubiquitous spread ever since. Whilst in retrospect we can say that early modern population thinking anticipated statistics in some ways, it was neither conceived nor developed as statistics. Describing the quantitative reasoning of this period without succumbing to the anachronism of statistical terminologies we now take for granted thus poses some difficult problems of interpretation. Rusnock’s approach, which pays careful attention to early modern procedures and terms of reference, is indicated by her title, and solves this problem neatly. Population arithmetic was *vital* in three senses subsequently taken over into vital statistics. First, and obviously, its main chosen objects were vital events (births, deaths, diseases) differentiated by observed life characteristics (age, sex, natural environment, and various physiological, epidemic and other causes). Second, following upon political and mercantile writings of the time, the health and numbers of people were understood as main constituents of the wealth and power of states, the basis of collective vitality. By extension, then, information about populations was knowledge vital to policy. *Accounts* is likewise a term of contemporary parlance with multiple significance, but here differences to later statistical developments begin to emerge clearly. The earliest population arithmetic in the seventeenth century adopted the term “accounts” from merchant book-keeping, employing it to refer to its method and as a term of general social reference. Eighteenth-century professionals who came to have a close interest in the health of populations, notably physicians, actuaries, and ministers of church and state, saw the compilation and interpretation of “accounts” in moral terms; to give an account meant providing a measure or assessment of relative salubrity that went beyond strictly medical matters. Inevitably, the third and closely related implication of numerical accounts was that any such compilation raises difficult issues of what standards of comparison are legitimate. As Rusnock observes, “numbers allow for comparison, even if the grounds of comparison are not always level” (p. 13). It was these issues that nineteenth-century statisticians believed would be solved by national census and vital registration systems.

Attempts to provide a level playing field began when John Graunt annexed his merchant book-keeping to a numerical reworking of Francis Bacon’s tabular method for presenting recorded observations. As Rusnock notes, this approach was promoted, often uncritically, by William
Petty under the label “political arithmetic”. Some of the most sophisticated treatises of the later eighteenth century, like Jean-Baptiste Moheau’s Recherches (1778), still looked back to Bacon. Following a brief survey of the earliest formulations, Rusnock charts the evolution of this tabular method as the basis of a *soi-disant* “medical arithmetic” in a series of eighteenth-century controversies: debates over the merits of smallpox inoculation; attempts to refine tabular methods (sometimes in conjunction with meteorological records) as measures of the healthiness of particular places; and attempts to extrapolate from incomplete local records to estimates of national population. None of the many and various tabular syntheses introduced in the course of these debates ever succeeded in resolving them. Yet, as Rusnock shows, via such controversies quantitative representation of society and its health became a widespread convention; it was established as a telling (if not conclusive) source of evidence of the effects of medical and political administration; and it came to underpin wider discourses on political and economic equity. The last subject is not, however, Rusnock’s primary object in this book. Focusing closely on the sequence of health issues to which tabular arithmetics were applied, she demonstrates the effectiveness and limits of new methods as they developed, and the significant professional differences that often shaped divergent French and English approaches. The book is well illustrated by reproductions of tabular methods. It provides a very welcome and thoughtful introduction to an area of medical knowledge that was livelier and more topical than is now generally appreciated.

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**Julie Peakman**, *Mighty lewd books: the development of pornography in eighteenth-century England*, Basingstoke, Palgrave Macmillan, 2003, pp. xii, 263, illus., £25.00 (hardback 1-4039-1500-8)

This work significantly develops our understanding of obscene and erotic literature and its development as a genre during the eighteenth century in Britain. It is particularly valuable to have the analysis of the production and distribution of obscene materials. Although mechanisms by which obscene literature circulated through the provinces are mentioned, the concentration of the trade in London means that the metropolis forms the chief focus. A number of persistent trends were already in place by the early eighteenth century. Peakman notes the connection between the production and marketing of risky works and of informative manuals about sex which was to persist well into the twentieth century, as well as the persistent recycling and recirculation of material which became so characteristic.

Peakman also analyses various genre themes and their relationship to popular and scientific understandings of the body and reproductive physiology of the period. The motif of the eroticized landscape and what one might call botanical or horticultural porn is particularly suggestive. Was this perhaps a uniquely English (nation of gardeners, pastoral trope already well-established in mainstream literature) phenomenon? A rather different resort to fruit and flowers encoded sexual information in later works of sex education, while 1920s Lawrence sexualizing of the landscape was satirized by Stella Gibbons’ 1932 *Cold Comfort Farm*: Mr Mybug’s ‘God! Those buds had an urgent, phallic, look.’

Peakman indicates the associations of erotic literature with the foreign, specifically Italy and France, as well as with the more generally exotic. Many significant early texts were simply translations and adaptations of continental originals. If the notion of Italy as the decadent site of bloody and perverse happenings where anything might go looks back to Renaissance drama, the increasing importance of France would result in French standing as a metonym for obscenity in early twentieth century “French postcards” and advertisements for “French lessons”.

A particularly illuminating discovery is that the archetypal *vice anglais*, flagellation, did not appear as a particular motif in British erotic writing until fairly late in the eighteenth
century: although there is some evidence for its existence as an erotic preference and speciality in literary texts and in the paraphernalia confiscated during raids on brothels. Peakman argues for the influence of the flagellation scenes common within the salacious revelations of anti-Catholic polemic (derived from French anti-clerical literature, but given a specifically British twist). By the end of the eighteenth century highly formulaic “fladge” texts, detached from this particular framework of lecherous priests, naïve novices and conniving mothers superior and set instead within a stylized but recognizable secular British context, were deploying various tropes already made familiar by studies of Victorian pornography.

There is a sub-textual suggestion of a move within pornographic texts from the relatively genial, if unthinkingly male in its preconceptions, bawdry of the early part of the century to increasing interest in relations of dominance and submission, abuse of power, and erotic pain. This therefore pushes Donald Thomas’s suggestion, in A long time burning (1969), of a shift in Victorian pornography into scenarios of “greater . . . unreality” and increased sadism, rather further back in time, to indicate that development was already well under way by the end of the eighteenth century.

This is one of several places where one might have liked a bit more contextualization and engagement with other recent works on the development of sexual attitudes and behaviour during the eighteenth century, for example the suggestions of Randolph Trumbach, in Sex and the gender revolution. Volume one: heterosexuality and the third gender in Enlightenment London (1998) and Tim Hitchcock in English sexualities, 1700–1800 (1997), concerning increased male anxiety and growing emphasis on penetrative heterosexual sex. Sara Toulalan’s work on late-seventeenth-century erotica tends to push back the “origin story” even earlier than Peakman claims. It would also have been intriguing to relate changing tropes within pornography, and its increasing production and dissemination, to the rise of exactly contemporary fears around onanism. What was the dialectical relationship between the insistence that solitary sex was dangerous, and the growing amount of “one-handed literature”?

In spite of these cavils, this is an extremely useful beginning exploration of a still under-investigated area: as Peakman makes clear, there are considerable problems of sources and methodology to be taken into account.

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Jane Kromm, The art of frenzy: public madness in the visual culture of Europe, 1500–1850, London and New York, Continuum, 2002, pp. xv, 283, £70.00 (hardback 0-8264-5641-3).

Working in the conviction that imagery articulates and shapes, as well as reflects, historical processes and perceptions, Jane Kromm has given us a conceptually high-pitched and correspondingly demanding survey of the ways in which mania or furor has been visualized in Europe (mostly England, France, and the Low Countries) from the sixteenth to the nineteenth centuries. Her selection of images bears witness to extraordinarily wide looking—no single reader will know them all—and she subjects them to acute and often entertaining visual analyses.

Though not about the history of madness, nor of the mad, The art of frenzy is invulnerable to any charge (as Kromm summarizes those levelled against Michel Foucault) of a “casual handling of the relationship between motifs and actualities” (p. xii). Where necessary the book offers useful and untendentious accounts of social, legal, and institutional practice. Its writing style is tight, occasionally overwound (“This politically conscious factor in monomania’s reputation represented a subset of a broader mentality in which asylums and mental disorders were persistently regarded in terms of the 1789 revolution”, p. 240), but Kromm is an expert explainer, and she needs to be. An ambitious range means that her readers must be got up to speed on the politics of Greek colonies in ancient Italy and those of artists’ societies in later eighteenth-century London alike.
The phrase “public madness” in the title, perhaps puzzling initially, does not remain so for long. Kromm subjects public-ness to careful dissections in contexts ranging from Plato's conception of mania as the disease of the body politic to art's functioning in such public places as the courtyard of the Amsterdam Dolhuis and the associated problems of decency: the statue of naked female Frenzy “exceeds the bounds of social decorum even for an image of madness . . . and such impropriety discomposes a public sculpture’s didactic role” (p. 83). Remedies for such affronts to the public include the real sufferer’s removal into the cell and, eventually, to the institution, familiar solutions cast into a new light by decency’s demands, and by Kromm’s explanation of a central historical conception of mania, as opposed to melancholia, as “an absolute rejection of civilizing processes” (p. 25).

Explorations of public spaces and of the gender, goodwill, and visual experiences of viewing publics—that is, everyone from the putatively careless youths glancing at the didactic reliefs over the doors of Amsterdam institutions to the critics writing with “an intriguing combination of oversights and obsessive concerns” (p. 141) about Carle van Loo’s painting, exhibited 1759, of Mlle Clairon as Medea (they concentrated on picking holes in the depiction of Jason)—are central to the history of “visual culture”, which is not quite the same as the history of art. The latter is, traditionally, the study of the exceptional; but visual-cultural historians want to work with the hackneyed or typical too. At its best, as here, the approach permits some fascinating cross-connections—a disarray indicative of “impetuous movements” among other unfeminine habits links, for example, Rubens’ depiction of Marie de’Medici (grandmother of Charles II), Frans Hals’ of old Malle Babbe, and the anonymous English print (1676) of the virago Mother Damnable—as well as the reappraisal of such relatively familiar works as the Hals painting, and Hogarth’s revision, in 1763, of his scene of the Rake in Bedlam. The last includes a mad Britannia that Kromm demonstrates as only one of many such in English graphic satire of the 1760s and 1770s. Alongside a minor painting genre that features mad, staring (female) eyes, the engraved Britannias are shown, with precision, to have enjoyed a complex relation to radical politics of the day. Though The art of frenzy’s final two chapters concern nineteenth-century France, and the volume concludes with J-M Charcot’s “attempt to circumvent the political dimensions and implications of mania’s recent history” (p. 269) at the Salpêtrière, its centre of gravity seems to be the party politics of eighteenth-century England, which involved universal accusations of madness, “with the notable exception of George III himself” (pp. 180–1), standing like the innocent in the middle of a custard-pie fight.

Imagery permits a delicacy of imputation, and interpretation, that texts are hard put to match. Consider, for example, the subtlety with which, as Kromm shows, Jacques Callot’s depiction of a possessed woman—here, as in some other instances, the quality of the reproduction is not up to that of the analysis—shades our reading by making her adopt a cruciform posture; or with which Rubens called attention to the peculiar vulnerability of the powerful but benighted madman, by thrusting the head of the victim forward into our space in what Kromm calls, efficiently, the “ostentatious kind of baroque foreshortening” (p. 73). Particularly given the breadth of Kromm’s range, and the sophistication of her critical skills in the face of all kinds of imagery, I was interested to conclude that it is from the best artists that we can learn the most about historical conceptions of madness and their development: Goya offers us more than Gillray; Rubens is much richer than Robert-Fleury.

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Steven King, A Fylde country practice: medicine and society in Lancashire, c. 1760–1840, Lancaster, Centre for North-West Regional Studies, University of Lancaster, 2001, pp. xiv, 110, £10.95 (paperback 1-86220-117-X).

Just as general history has turned away from traditional descriptive and constitutional studies towards analytical, social and local history, so
medical history has done the same. Led by historians such as Roy Porter, modern medical history has concerned itself more with the sufferings and afflictions of individuals and their social background than with the heroic achievements of the great doctors of the past.

Steven King is an avowed supporter of the Porter school. His book, *A Fylde country practice*, is a detailed study of illness and the practice of medicine at the grass roots in an area of predominantly rural north-west Lancashire. In particular, he is concerned to examine how the “medical market place” (a term reintroduced by Harold Cook) operated in those years that linked the Georgian and Victorian eras. He has scoured the local archives for Poor Law records, diocesan and parish accounts, personal diaries and letters as well as placing his conclusions in the context of the national scene.

The first part of the book, on ‘Mortality and ill-health’ in Lancashire, is a dramatic account of the appalling amount of illness, often accepted by the suffering as a normal part of life, that afflicted the population of the Fylde. Infections were common but a simple cut on a limb might lead to suppuration and go on to require amputation. The riding of horses was particularly dangerous but there were many other accidents which caused death, “collapsing walls, falls, drowning, accidents with machines, transport accidents, accidents during drunkenness, rabies, and particularly, fire”. Ill-health was a “constant feature of the individual and family lives of Lancastrians”.

How those Lancastrians dealt with their problems is covered in the second major section of the book, ‘Responses to ill-health’. Here the detailed information culled by the author from local records is invaluable. Examples of medical relief by the parish, by charitable organizations, by private individuals, by irregular practitioners such as farriers and butchers, and by quacks of all sorts, jostle for the reader’s attention. There is also a detailed consideration of how the “middling” in society sought to preserve their health. The increasing prosperity of this class led to an increasing use of medical practitioners and played its role in their emergence as influential medical figures.

The last part of the book deals with the ‘Economics of doctoring’. The discovery of the account books of Dr Loxham, which cover the years from the 1750s to the 1780s, is a major contribution to the understanding of how a country practitioner worked during the period under review. Much of his work was midwifery, so that he could well have been classified as a “man-midwife”, but his work extended through the entire range of the ill-health so common among his patients. The accounts also provide unique information on how he made his money, how difficult it was to get paid, how often he had to borrow and how he was also a lender. The period during which he was active may well have appeared to some as the golden age of the practitioner. In rural Lancashire, keeping a well-ordered household, possessing good enough horses for his work and other expenses led to the bankruptcy of medical men in some cases and severe hardship in others.

This book, brief though it would appear to be, is a mine of information. The author is to be congratulated on the extraordinary density of information that he has been able to pack in. It is an example of social history at local level at its best. It should provide a model for similar studies of other parts of the country during that period. All who are concerned with the reality of life for the “common people” at that time should have this book on their shelves.

Christopher Booth,
The Wellcome Trust Centre for the History of Medicine at UCL

Anne Borsay (ed.), *Medicine in Wales, c. 1800–2000: public service or public commodity?*, Cardiff, University of Wales Press, 2003, pp. x, 253, £40.00 (hardback 0-7083-1824-X).

As Anne Borsay and Dorothy Porter recognize in the introduction to this edited collection, Welsh historiography has been slow to respond to the emergence of the history of medicine. Conversely, most studies of medical history and healthcare devote little space to Wales, except when using it as an example of a depressed area. Although in recent years there has been a
significant increase in research into Welsh medical history, with many good studies, *Medicine in Wales* is a welcome addition to what is still a limited historiography.

As the editor makes clear, *Medicine in Wales* is designed to “illustrate the growing corpus of research-based material” (p. 2) on the social history of medicine and health in Wales. Its content is deliberately diverse. The contributors draw on a range of sources from documentary records to oral testimony to film to examine the relationship between the public and private provision of healthcare since c. 1800. This relationship provides the intellectual context for the volume. Drawing on Jürgen Habermas’s notion of the public and private sphere, the contributors raise questions about the utility of this approach by examining issues of class, gender, participation and citizenship, and the role of the state. David Hirst, for example, in his chapter on the school medical service, highlights how the relationship between family and state was unresolved in the service, and how the state remained ambivalent about offering medical care. Steven Thompson in examining the provision offered by medical aid societies shows how they created a forum for participatory democracy that represented a “proletarian” public sphere, one that effectively determined the nature of local medical care and authority. Borsay on the other hand demonstrates how in the treatment of industrial accidents in the 1940s independence suffered when the state intervened. Chapters by Sara Brady on nursing at the King Edward VII Hospital and Susan Pitt on midwifery in post-war Swansea point to how there is no simple equation between gender and the public/private sphere. In questioning the boundaries between the public and private provision of healthcare, the contributors offer a critique that supports the concept of a mixed economy of welfare and a “moving frontier” between private, voluntary and public provision of medical care.

However, this is a mixed collection. Aside from Pamela Michael, Thompson and Borsay, many of the contributors pass little comment on Welsh national identity, or look at what Gwyn Williams has referred to as the “Welsh effect”. Indeed, some of the contributors appear to push Wales into the background. For example, in the chapter by Hirst, and in the contribution by Richard Coopey and Owen Roberts on the municipalization of water, the Welsh dimension is subordinate to a metropolitan or English history. David Greaves in his synthesis of debates about inequalities in health and medical care makes little reference to Wales despite the problems the region faced. Given the peculiar economic, social, and political milieu of Wales, this seems a missed opportunity.

Despite this criticism, the volume has its strengths. For example, Michael in her telling analysis of suicide in north Wales examines how the Denbigh asylum came to replace the family as a source of care and how suicide was medicalized. Coopey and Roberts add further weight to the need to revise the heroic historiography of state intervention. They demonstrate how local authorities were important in shaping local initiatives and how the nature of satisfactory water remained a contested commodity. Borsay suggests how documentary film could push the boundaries of the public sphere, helping to construct citizenship around stereotypes of masculinity and femininity. Questions are also raised about the nature of rural services and the urban/rural divide that shaped medical provision in Wales.

The volume demonstrates that medicine and health in Wales cannot be reduced to a simple equation between public service and private commodity. In raising questions about the public sphere, and in highlighting the rich medical history of Wales, *Medicine in Wales* suggests that the “Welsh context” offers a vibrant and under-researched field for the study of the history of medicine.

**Keir Waddington,**
Cardiff University

**Ian Dowbiggin,** *A merciful end: the euthanasia movement in modern America,* New York, Oxford University Press, 2003, pp. xix, 250, $28.00 (hardback 0-19-515443-6).

Nick Kemp recently produced a history of the British euthanasia movement *'Merciful release'*. 

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523
Book Reviews

Now, with this new book by Ian Dowbiggin, we have a companion volume that charts the history of the euthanasia movement in modern America. Opening with the Jack Kevorkian case, Dowbiggin’s book has six short chapters. The first charts the history of euthanasia as a concept and a practice from classical Antiquity to the Progressive era. The next, entitled ‘Breakthrough’, covers the period 1920–40, and the establishment of the Euthanasia Society of America (ESA) in 1938. The third chapter, called ‘Stalemate’, surveys the struggles of the ESA with the Roman Catholic church in the years 1940–60. Chapter four, ‘Riding a great wave’, deals with the period between 1960 and 1975, including the reinvention of the ESA with the idea of passive euthanasia in the 1960s. The following chapter, ‘Not that simple’, covers the splits that characterized the 1970s, and the emergence of new populist right to die organizations in the 1990s. The conclusion deals with the 1990s and beyond, a period when many Americans have come to believe that euthanasia or assisted suicide would be bad public policy, and when no conclusive outcome is in sight.

Dowbiggin has had privileged access to the files of the euthanasia movement, and he is keen to explode the myths that euthanasia only began in the 1960s and 1970s, and that it should be seen as a triumphalist struggle. Other important themes that emerge from his admirably brief but wide-ranging study include the way that euthanasia intersected with other progressive social causes, such as birth control, abortion, and eugenics. Euthanasia was seen “as a critical component of a broad reform agenda designed to emancipate American society from anachronistic and ultimately unhealthy ideas about sex, birth, and death” (p. 30), but also was bedevilled by perennial fears that mercy killing would be extended to people with disabilities. Dowbiggin shows that support for euthanasia in the 1900s was due more to shifting ideas, attitudes, and social forces than to changes in medical practice and technology. Equally important have been the interchangeable social, biological, economic, and humanitarian justifications that have been advanced in its support. A final theme running through Dowbiggin’s history is the tension between public authority and personal autonomy, between paternalism and individual freedom. He ends with the new issues posed by September 11, and concludes that the question of “where does the freedom to die end and the duty to die begin” remains unanswered (p. 177).

One of the difficulties faced by Dowbiggin is that he has to contend with a large cast of individuals (Felix Adler; William J Robinson; Charles Francis Potter; Charles Killick Millard; Inez Celia Philbrick; Eleanor Dwight Jones; Joseph Fletcher; and Olive Ruth Russell among others). Similarly, by the 1970s the picture becomes very complex as the movement fractured into numerous smaller organizations with frequent name changes (the Society for the Right to Die; Concern for Dying; the Hemlock Society; Choice in Dying; Partnership for Caring, and so on). Nevertheless Dowbiggin has coped admirably with these problems to produce a thoroughly researched and well-written history that convincingly explains the reasons for the ebb and flow of support for euthanasia, locating these movements within wider national and international contexts. Dowbiggin is unable here to engage with the recently published Kemp volume. However, comparative studies of Britain and America (and elsewhere) would seem one obvious way to provide new perspectives on “society’s long struggle to deal with the grim reality of human disintegration that we call death” (p. xiv).

John Welshman,
Lancaster University

Martin Dinges (ed.), Patients in the history of homoeopathy, Network Series 5, Sheffield, European Association for the History of Medicine and Health Publications, 2002, pp. xiii, 434, UK £39.95, Europe £43.33, USA £52.10, elsewhere £47.82 (hardback 0-9536522-4-6).

Using an array of sources from the eighteenth to the twentieth century, this volume addresses the question “Why did and why do patients come to homoeopathy?” The answer is framed in market model terms in four sections: patients in
Samuel Hahnemann’s (1755–1843) practice, homoeopathy in the medical market, patients’ choices and lobbying work.

Martin Dinges and Robert Jütte emphasize the “modern” nature of Hahnemann’s practice, whereas Iris Ritzmann highlights Hahnemann’s eighteenth-century idealism. His professionalization of the physician’s role, Dinges notes, was achieved by resisting house calls, expecting patient compliance, and portraying the doctor as an “expert”. Similarly, Jütte notes Hahnemann’s grading of fees, payment up front and refusal of treatment on non-payment represented a break with the patronage system of the period. Ritzmann disdains Hahnemann’s formulation and selling of a scarlet fever children’s vaccine as shameless profiteering, whilst Kathrin Schreiber questions Hahnemann’s persecution in Leipzig, claiming he left for new patients and subsequently constructed conflict for publicity.

Construction was also involved in patients’ perceptions of their illnesses, according to Michael Stolberg and Martin Dinges. Through doctor/patient correspondence, patient interpretations were translated from humoral to homoeopathic theory. Dinges notes male conceptions of the body were constructed out of humoral pathology, dietetics, hygiene and morality. Anna-Elisabeth Brade cautions homoeopathy’s efficacy cannot be evaluated from patient letters, but that such reveal consumption patterns. Letters to Jensen, a Danish homoeopath, thus show a mainly male, lower middle-class clientele that remained unconcerned by the lack of government backing for homoeopathy.

Patient choice is found to be socially structured along class, status and gender lines by both Phillip Nicholls and Alexander Kotok. Nicholls finds homoeopathy in nineteenth-century Britain was used by the aristocracy, the poor and women. In Russia, Kotok finds élite endorsement led to use of homoeopathy in the army, whilst a shortage of doctors led to widespread lay domestic use. Sigríður Svana Pétursdóttir shows how, as in Russia, Iceland’s shortage of physicians for its scattered population fostered homoeopathic self-prescribing as well as leniency in licensing homoeopathic physicians.

Olivier Faure reveals how the twentieth-century practice of a Paris homoeopath attracted “medical shoppers”, rather than firm adherents to homoeopathy. This is confirmed by Marijke Gijswijt-Hofstra, Anna Hilde van Baal and Osamu Hatorri. Gijswijt-Hofstra explains the successful, but illegal, homoeopathic practice of the Haverhoeks in the Netherlands in terms of their appeal to a middle market ignored by philanthropists and élite practitioners.

This contrasts with the contemporary scene outlined by Martina Günther and Hans Römermann in Germany and Lore Fortes and Ipojucan Calixto Fraiz in Brazil. Both studies reveal contemporary homoeopathic patients to be highly motivated, educated and young. Belief in homoeopathy’s efficacy and self-responsibility appear to be the primary motives for seeking treatment in both countries, with Brazilian patients viewing homoeopathy as a separate medical specialism. The bi-polarizing term “alternative” should thus be dropped in reference to homoeopathy, Fortez and Fraiz claim. Gunnar Stollberg, describing the homoeopathic doctor/patient relationship as both pre- and post-modern, disagrees, adopting “heterodox” to describe homoeopathy as distinct from “normal science”, but this is based on the dubious claim that the homoeopathic consultation remained unchanged throughout the nineteenth century.

Whilst Anna Hilde Van Baal finds lay support absent in nineteenth-century Flanders, Bernard Leary claims such backing was vital in the establishment of homoeopathy in nineteenth-century Britain, the élite defending it in parliament and lay groups establishing and supporting institutions. Hatorri also finds lay groups influential in Württemberg but shows how these brought them into conflict with professional homoeopaths. Anne Taylor Kirschmann claims lay support in America from the American Foundation for Homeopathy (1924) succeeded in preserving homoeopathy during the twentieth century, providing a vital link between its late-nineteenth- and early twenty-first-century incarnations. American
homoeopathy also continued to enjoy elite support in America from 1900–40 according to Naomi Rogers, such not declining with the discoveries of Pasteur and Koch. This overturns Kaufman’s ‘medical heresy’ thesis, Rogers claiming homoeopathy declined rather through educational reforms and marginalization by the Rockefeller Foundation.

Despite some “Hahnemann bashing” borne of inadequate contextualization, this is a useful volume revising stereotypes surrounding homoeopathy and showing how patient motivation varies with social, national and historical context. Homoeopathy’s versatility, perhaps its universality, comes across clearly, suggesting its future survival is assured.

Lyn Brierley-Jones, University of Durham

Howard Phillips and David Killingray (eds), The Spanish influenza pandemic of 1918–19: new perspectives, Routledge Studies in the Social History of Medicine, London and New York, Routledge, 2003, pp. xxii, 357, £65.00 (hardback 0-415-23445-X).

Like volcanic eruptions, we are told that another large influenza pandemic is expected soon. However, unlike seismic activity readings there are few warning signs which virologists can exploit. This volume illustrates that history can, and should be, a key component in the bureaucratic toolboxes of states and international organizations with responsibility for disease control. There are some excellent papers here which illustrate the potential for this type of expertise. Their focus is a pandemic which is still (just) within living memory, and which claimed the lives of over 30 million worldwide in less than six months.

It was interesting to see how the SARS outbreak in 2003 drew for historical comparison on the nineteenth-century cholera crises rather than on this more recent and much more devastating influenza pandemic. Indeed, several of the papers in this volume examine the anomaly of this forgotten crisis. Myron Echenberg’s study of Senegal and James Ellison’s anthropological investigation of tribal memory in Tanzania pick up oral history which is skewed towards parallel, but equally devastating events of famine and plague. The 1919 influenza pandemic in Africa persists in the margins of colonial history, variously identified by its focus (administrative) and its style (paternalistic). For other geographical regions the pandemic and its historical analysis are coloured by the other destructor of the early twentieth century—the First World War. Indeed the transmission of influenza outwards from the European epicentre of the conflict by troops returning home to Canada, Australia and other far-flung colonies serves to highlight the truly global impact of the war.

It was the Canadian troops returning home in 1919 who took influenza with them, “its tentacles reaching into smaller communities along trade and transportation routes”. The paper by Ann Herring and Lisa Sattenspiel which models the impact of infectious disease on the community/family level, and that by Jeffery Taubenberger on the exhumation of victims buried in the arctic permafrost in an attempt to identify the genetic characterization of the 1918 virus, are two of the most innovative responses to the problem of how to mine this brief but devastating event for information that might prove useful to future virologists.

Howard Phillips and David Killingray as editors have had a tricky job in bringing these papers together into a coherent structure. They have selected papers from the 1998 international conference to address key headings: virological and pathological perspectives; contemporary medical and nursing responses; contemporary responses by governments; the demographic impact; long-term consequences and memories; and epidemiological lessons learnt from the pandemic. These are all exemplary themes, and there are some fine papers here which use the pandemic as an effective magnifier for some fascinating wider debates (Andrew Noymer and Michel Garenne on the impact on sex-specific mortality differentials in the USA, to name but one). The editors have striven to achieve a global coverage to match that of the pandemic, but several of the papers are disappointingly thin,
both in terms of length and their ability to provide the “new perspectives” which the title promises. We are little wiser about the extent of the pandemic in Asia or in Africa from this volume; there is nothing on Latin America. It is, of course, almost impossible when the raw data is limited or unreliable, yet the editors do not attempt to draw out the comparative perspectives on what they do have to work with, apart from a short introductory essay. However, these papers, which would have benefited from some cross-infection, provide a very useful introduction to a neglected episode of global significance, and raise many more interesting questions than they are currently able to answer.

Sally Sheard,
University of Liverpool

Anna Lundberg, Care and coercion: medical knowledge, social policy and patients with venereal disease in Sweden 1785–1903, Report no. 14 from the Demographic Data Base, Umeå University, 1999, pp. 309 (91-7191-675-X).

Anna Lundberg’s book covers a number of topics related to venereal disease in nineteenth-century Sweden such as political ideas, legislation, medical knowledge and practice, social characteristics of patients treated at hospitals, and the social and health consequences of being hospitalized for a venereal disease. Lundberg has undertaken a huge task in analysing a wide variety of material in order to tell the story of venereal disease in Sweden. The sources studied include transcripts of parliamentary debates, laws, medical journals, patient records, records from parish meetings, etc. The reader is presented with many interesting stories about both doctors and patients. It sometimes seems as if the author wants to share with us most of what she has gathered together. The amount of information sometimes overshadows important findings, such as the change from the view of venereal disease as connected with poverty to that of its being connected with immoral behaviour.

The most interesting findings result from Lundberg’s analysis of the demographic life-course of patients from one hospital during 1814–44 and from another during the following forty-five years. She shows that the majority of patients with a venereal disease did not suffer serious social or health consequences from being hospitalized. That is to say, they got married like others. One important exception is that mortality among the patients discharged from the first hospital was higher than that among the control group. Children born to former female patients also had a high mortality rate at the first hospital. Patients discharged from the second hospital investigated had hardly any excess mortality as compared to the control group and the difference in infant mortality was smaller than among patients from the first hospital.

There are some problems with the study. The patients are compared to a control group, described as “similar men and women”. This, however, is not a satisfactory description of the control group sampling. There was no infant mortality at all in the offspring of the control group of the first hospital. This gives the impression that the control group was neither representative in terms of the rest of the population nor comparable to the patient group, because the general level of infant mortality was so high (around 15 per cent) at the time that one would expect at least some mortality also in the control group. When the geographical distribution of patients is studied, it is not calculated in relation to the population, hence we do not know if the high numbers are due to a big population in the area or a high frequency of venereal disease and therefore if it is of special interest to study the areas with many patients. The author also gives some surprising interpretations of her results, as when she says that there was no significant gender difference between the patients at the department of venereal disease and the general hospital, in spite of the fact that the women constituted 61 per cent of the patients at venereal departments and only 43 per cent at the general wards.

The book would have gained from a clearer focus from a more selective use of the extensive information, and especially from more careful
work with the analyses of the demographic data. The book does, however, have the merit of presenting a lot of interesting information and references to sources on venereal disease in Sweden which will be of great help for scholars in the field.

Signild Vallgårda, University of Copenhagen

Catharine Coleborne and Dolly MacKinnon, 'Madness' in Australia: histories, heritage and the asylum, UQP Australian Studies, St Lucia, QLD, University of Queensland Press in association with the API Network and Curtin University of Technology, 2003, pp. xiv, 269, Australian $35.00 (paperback 0-7022-3406-0).

These eighteen chapters written by mostly different authors are interesting accounts of various aspects of Australian asylum care in the nineteenth century and mental hospital care in the early twentieth century. Although the emphasis is on the Victorian experience, some papers relate to more recent matters such as the infamous Chelmsford Hospital in Sydney.

Particularly poignant chapters are those by Janice Chesters and Tanja Luckins. Chesters describes the different experiences of three women emphasizing “the complexity and diversity of the asylum experience”. For some women it was a “women’s refuge, a hospital, and a home when there seemed nowhere else to go”. For one patient, Jane S, the hospital was a disastrous experience, not because of the asylum treatment, as she died a few days after admission from complications of scarlet fever, but because she had been abandoned by general medical and hospital services, then had a long train journey to the asylum as the only place that would accept her. Luckins describes the sufferings of women who had lost loved ones in the First World War. These vignettes illustrate profound distress. It is an area that has not received the same attention as “shell shock in men”.

Two papers by MacKinnon discuss different aspects of sound in mental institutions. Her first paper shows how noisy they could be in contrast to the mostly silent shells of today. The second reviews the perceived benefits of music mostly for female patients with a discussion of the piano as the centrepiece for music programmes.

The paper by Fox describes the moves by nineteenth-century alienists to improve the lot of the intellectually disabled by training and education. However the process was reversed by the developing doctrine of eugenics to a state of “lifelong segregated institutionalisation”.

Two papers relate mainly to the Cunningham Dax collection of psychiatric art. They critically describe one aspect of the life work of this eminent nonagenarian psychiatrist. He has collected over 9000 paintings and other art works. The meaningful illustration to this book is one of the collection. The contemporary purpose of this wondrous collection is now public education about the “primary experience of mental illness” as shown in patient art.

On the administrative front, the chapter by Susan Piddock on plans for an “ideal asylum” in South Australia illustrates that knowledge and concern were present to apply the principles of good moral therapy and non-restraint, but how various circumstances thwarted this ideal.

Andrew Crowther’s paper on the ‘Administration and the asylum in Victoria, 1860s–1880s’, is a rather sad article illustrating the poor state of the asylums then and Dr Edward Paley’s ineffectiveness as Inspector of Asylums (which contrasts markedly with Dr Frederick Manning’s work in NSW at that time).

Overall the articles are well written and researched. They will encourage greater interest in and a more in-depth understanding of the asylum era, beyond the often facile stereotypes that exist in the community. Unfortunately there are no articles by clinical professionals who have worked in the mental hospitals. Nor is nineteenth-century treatment in New South Wales covered. In particular, there is no reference to the work and writings of Frederick Manning, Inspector General of the Insane in NSW, the most influential alienist in nineteenth-century Australia. Hopefully, the completion of his biography by myself and Peter Shea will add to our understanding of this era.

528

Book Reviews
One small quibble is the occasional misuse of the term “asylum”. An intriguing clinical paper refers to the Orange Asylum in 1939 in NSW. In fact, this term had not been used for a hospital caring for the mentally ill in NSW since the previous century.

In conclusion I would recommend this book to the wide range of professionals who work in the mental health field and to all those in the community interested in the wider issues of mental health care.

Graham A Edwards, North Parramatta, NSW

Florence Bretelle-Establet, *La santé en Chine du sud* (1898–1928), Collection Asie orientale, Paris, CNRS Editions, 2002, pp. xv, 239, illus., €30.00 (paperback 2-271-06010-9)

This French volume on health in southern China offers a valuable insight into the health matters of a little studied area of China during a period of great chaos. It traces the decay of the Qing empire from 1898 to its collapse in 1911, followed by some years of warlord rule until a centralized Chinese government was reinstated under the Nationalist Party in 1928. It also chronicles how rapacious imperial powers carved out areas of preferential trading rights across Chinese territory. While never ceding direct rule to any foreign power, by the turn of the twentieth century the disintegrating Qing empire had granted France concession areas in six major Chinese cities in the three southern provinces of Yunnan, Guangxi and Guangzhou.

Bretelle-Establet focuses in particular on the south-western province of Yunnan, where the French imperialist effort was concentrated because of its juxtaposition to Indochina. After the outbreak of bubonic plague in Guangdong and Hong Kong in 1894, it became obvious to the French colonial authorities that the health situation in China needed to be carefully monitored. if its settler population was to be protected and if disease was to be prevented from travelling along the expanding trade routes to Indochina. After the First World War, however, France’s strength as an imperial power waned and those medical officers who remained in China had to turn from charitable medical activities to more lucrative private practice. This meant that their role shifted from one of observation of Chinese medical practices to a degree of participation with them. Bretelle-Establet is keen to point out that the type of doctor entering China in the late nineteenth century was, unlike his predecessor whose movements were confined to the coasts, a graduate of the Pasteurian school and of the scientific sort. She juxtaposes his viewpoint with the state of medicine and health relief in southern China at that time.

Here Bretelle-Establet offers a thorough account of the diseases prevalent in the region, the way in which local doctors approached them and the state institutions in place to deal with them. While stopping short of providing a distinctive Chinese medicine of the south-west, mainly due to a lack of comparison with medicine in other areas, Bretelle-Establet is successful in displaying some general trends in regional medical practice which will be of interest to other historians of Chinese medicine of the period.

Bretelle-Establet bases her study on a number of original primary sources. These include the sanitary correspondences of French medical officers, held mainly in the archives of overseas records in Aix-en-Provence, complemented by reports from medical missionaries based in the south-west. She also uses a variety of local Chinese prefectural gazetteers along with a handful of high-profile medical writings by doctors of the south-west.

Bretelle-Establet displays a clear understanding of nineteenth- and early-twentieth-century history of European medicine as well as a good command of the classical Chinese sources. If I do have a criticism it is that this history is perhaps too French in its orientation. Alphonse Laveran plays a centre role in the background to the history of malaria, but there is no mention of Patrick Manson, a man who spent some twenty years researching in south-east China. There are also a number of English-language works that would have assisted in the analysis of trends in nineteenth-century Chinese medicine but which appear to have gone
Book Reviews

unnoticed, such as Chao Yuan-ling’s study of physicians in Suzhou and Ruth Rogaski’s work on health and hygiene in treaty port Tianjin over a similar time period.

There is no doubt that this is a welcome contribution to the recent history of medicine in China. Well-researched and well-illustrated with a number of helpful tables and maps, Bretelle-Establet does a masterful job of uniting French and Chinese viewpoints on health and disease.

**Kim Taylor,**
Needham Research Institute, Cambridge

**Otto Magnus,** *Rudolf Magnus, physiologist and pharmacologist, 1873–1927*, ed. Louis M Schoonhooven, Amsterdam, Koninklijke Nederlandse Akademie van Wetenschappen, and Dordrecht, Kluwer Academic Publishers, 2002, pp. xii, 350, illus., €57.00 (hardback 90-6984-327-7).

While the rise of the medical sciences in the nineteenth century has been studied quite extensively over the last few decades, the development of modern biomedicine during the twentieth century is still a relatively little researched area. This biography of Rudolf Magnus, whose main contributions to experimental pharmacology and neurophysiology belong to the first quarter of the twentieth century, is therefore a welcome addition to our knowledge. Written by Magnus’s son Otto, this book builds on family documents as well as scientific papers and publications. It provides detailed information on Rudolf Magnus’s background and upbringing in a prosperous, educated Jewish family in Brunswick, before it continues with the period of his medical studies in Heidelberg. Here Magnus was especially influenced by the physiologist Wilhelm Kühne, under whose supervision he graduated MD in 1898 with a study on direct blood pressure measurement in the exposed (animal) artery. In the same year he became assistant to Kühne’s son-in-law, the Heidelberg pharmacologist Rudolf Gottlieb. In 1908 Magnus was appointed to a pharmacological professorship at the University of Utrecht, the first such chair in the Netherlands, which he held until his death. Support from the Rockefeller Foundation allowed him to build here a large institute.

Rudolf Magnus’s work, both in Heidelberg and Utrecht, reflected the then very close connections between physiology and pharmacology, as can be seen from the numerous extracts of his research papers that this biography provides in English translation. Under Gottlieb, Magnus worked experimentally on diuresis and the mode of action of diuretics and digitalis; and he devised his own method for pharmacological tests on the isolated mammalian intestine, which later in Utrecht enabled him and his assistant Joan Willem le Heux to identify the role of choline in producing intestinal movements. From early on Magnus was also engaged in neurophysiological research. This became his main field in the Utrecht institute, where he explored the so-called “righting reflexes”, which control animal posture and which proved to be useful signs for the clinical diagnosis of human neurological conditions. For this research he and his collaborator Adriaan de Kleijn were considered for the award of the Nobel Prize, when Magnus died unexpectedly in 1927. Magnus had also wider cultural interests, as documented by his Heidelberg lectures on Goethe as a scientist, which are summarized with extracts in English translation in a separate chapter of this biography.

Perhaps the most interesting aspect that this book brings out, chiefly through presenting Magnus’s notes on his experiences at the International Congresses of Physiologists between 1895 and 1923, is his close relationship to British physiology. Magnus admired the experimental skills of John Newport Langley and Charles Scott Sherrington, both of whom he visited for joint research (in 1905 and 1908, respectively), following a period of laboratory work with Edward Albert Schäfer in Edinburgh in 1901. The other side to Magnus’s enthusiasm for British researchers was his estrangement from his own head of department, Gottlieb, who eventually dismissed him as his assistant with a
letter in 1908 (pp. 193f.), shortly before the offer from Utrecht University became known. Magnus’s service as a German medical officer in the First World War, during which he performed research on war gases in the Kaiser Wilhelm Institute in Berlin, caused a cooling period for his international relations, so that he was relieved when Sherrington resumed contact after years of silence in 1922.

Despite the wealth of interesting and relevant detail that this biography provides, it is not easy reading. Otto Magnus often lets the historical documents and scientific accounts speak for themselves, rather than giving us a continuous narrative of his father’s life and achievements. However, readers with a serious interest in the history of twentieth-century physiology and pharmacology, and in the scientific community that promoted these disciplines, will be richly rewarded.

Andreas-Holger Maehle,
University of Durham

In 1833 he became an assistant to an apothecary in North East England. But even at this time Snow’s ambitions probably were higher than this and lay in London, to where he walked in 1836. Here, after studying at the Hunterian School of Medicine and the London hospitals, he took the examinations of the Royal College of Surgeons and the Society of Apothecaries.

His penchant for research had already developed and, while many other medical students relished the pleasures of the capital, the serious-minded Snow was conducting physiological investigations, notably on arsenic. By this time, the authors suggest, he was developing a long-term interest in “systems circulation and transmission in terms of patterns and pathways” (p. 73). One of the features that would unify his anaesthetic and cholera work. Although he worked on many physiological problems, he had a life-long concern with respiration and poisoning (again issues central to anaesthesia and so-called miasmatic disease). This too was emerging at this period. Interesting also was his energy in enrolling other sciences, notably chemistry, in his researches. By now he began to publish and to attempt to create a medical practice, although this was not easy for such a reserved man (he never married) with no chatty bedside manner.

The introduction of ether anaesthesia came as a godsend to Snow. Here was a discovery that could be used to develop a lucrative medical career that freed him from encounters with wide-awake patients. In describing this, the authors are deeply indebted to Richard Ellis’s edition of The case books of Dr. John Snow (Medical History, Supplement No. 14, 1994). But anaesthesia also allowed him to exploit all his research interests and inventive genius. He did this to the full, endlessly experimenting on himself and on animals and developing inhalers to give measured doses of various agents. In 1848 cholera struck and, as is well known, Snow threw himself energetically into its investigation. Almost from the start he was opposed to miasmatic theory. His view was based on a number of preconceived positions, notably his knowledge of the laws of gas diffusion. Ever eager to put his ideas to the test, he became

Peter Vinten-Johansen, Howard Brody, Nigel Paneth, Stephen Rachman, Michael Rip, with the assistance of David Zuck, Cholera, chloroform and the science of medicine: a life of John Snow, Oxford University Press, 2003, pp. xv, 437, illus., £39.95 (hardback 0-19-513544-X).

Up until now there have been two John Snows: the anaesthetist and the investigator of cholera. It is one of the many achievements of this excellent book to show how Snow’s ideas and practice in the former area played a part in his thinking about epidemic disease. This work is a conventional and comprehensive biography. That is, it is based on extensive research and it attempts as far as possible to deal with Snow’s life chronologically. The authors come from a variety of disciplines. Snow was born in York in 1813 and served an apprenticeship to a surgeon-apothecary in Newcastle-upon-Tyne. At seventeen he became a lifelong vegetarian and relative teetotaller. Two years later he would have had his first encounter with cholera.
Christopher Lawrence, The Wellcome Trust Centre for the History of Medicine at UCL

David L. Cowen, *Pharmacopoeias and related literature in Britain and America, 1618–1847*, Variorum Collected Studies Series: CS700, Aldershot, Ashgate, 2001, pp. ix, 296, illus., £55.00 (hardback 0-86078-842-3).

The Ashgate Variorum Collected Studies Series has a niche for the history of science, technology and medicine, mainly from the medieval to the early modern period. The book discussed here is part of a small number of collected works by single authors in the history of medicine and medicines. It is all the more welcome as it contains a corpus of transatlantic studies that admits North America to the discourse on the development of pharmacopoeias and medicinals of all types for the colonial and post-colonial period. Cowen, among the senior historians of pharmacy in the United States, admits having to be prodded to gather these collected works, which outline the matrix in which medical authors and authorities passed on the therapeutic substances for the practice of medicine in England, Scotland, the North American colonies and eventually the new republic. By way of disclosure, the author of this review admits to some bias in reviewing this work, which handsomely acknowledges her first steps in breaking the Anglo-Scottish monopoly on the history of colonial pharmacy.

As indicated in the title and the dates of his contributions, Cowen concentrated early on the often neglected contribution of the London and above all the Edinburgh pharmacopoeias as a major tool of reforming—if that is the word—the materia medica before and during the botanical reclassifications and the chemical revolutions of the last decades of the eighteenth century. We will have to await further cross-national work to determine if their eventual predominance argued by Cowen was real or perceived—but the Lewis *New dispensatory* in particular, which began its printing history in 1753, was reprinted in numerous versions in England and abroad till 1818 by many and distinguished editors, and continued by Andrew Duncan and foreign presses until the 1840s. The format developed by Lewis for the dispensatory certainly was in organization and structure an excellent and economical tool for both physician and pharmacist, offering quite superior new bottles into which the editors poured some or most of the old wine of materia medica and chemiatric substances carried over from the far and recent past.

The collection of Cowen’s work is divided into roughly two parts. The first seven reprints concentrate on the history of the compilation, printing and dispersion of the Edinburgh pharmacopoeia and the resulting dispensatories; the second narrows the field to the North American scene. A substantial essay published in 1961 under the sponsorship of the American Institute for the History of Pharmacy and its director Glenn Sonnedecker, surveys North America’s imported and locally produced medicinal literature prior to the publication of the first United States Pharmacopoeia in 1820. An excursion on the importance to native born American physicians of both imports and eventually local imprints of the Edinburgh Pharmacopoeia and dispensatory reflects the efforts at standardization of names and substances on the one hand, and at professional stratification between pharmacists and physicians and surgeons, on the other hand. Cowen’s attention to local American imprints begins with the 1708 Boston edition of Nicholas Culpeper’s collection of medicinal secrets and a 1720 edition of his London dispensatory, both discussed in some detail in a separate article.
The Culpeper works, published well after his death, were in the vernacular and may well have responded to a market for the more populist or popular editions that from the early seventeenth century had breached the Latinate monopoly of official pharmacopoeias. That this market was buttressed by the lack of fonts in Greek and Latin is well known to students of American printing and explains the persistence of both learned and popular imports until the last decades of the eighteenth century.

One exception to the scarcity of North American imprints was the very mixed corpus of German vernacular medicinals coming from the German presses of Christopher Saur and other German-American printers, which Cowen almost single-handedly snatched from the ethnographers and introduced into the colonial history of medicine. German imprints competed first with John Tenant’s Everyman his own doctor and later with the more sophisticated domestic manuals by William Buchan and Samuel Auguste Tissot, who found American publishers even before the Revolution. Although later printings brought over old pseudo-Aristotelian tracts, many German imprints were collections of recipes and treatments by German physicians and veterinarians who arrived with various religious groups over the course of the eighteenth century.

That some of the work in this volume and its underlying assumptions have been superseded will be readily acknowledged and certainly by its author, but for the historiography of an often neglected field, the vast and painstaking account of sources that form a major component of this book is invaluable. It permits not only a chronological assessment of how the official materia medica was presented in the English-speaking world over the course of the late seventeenth and eighteenth century, but offers the occasion to re-examine the premises and conclusions of Cowen’s rich work on the history of pharmaceutical imprints and their translations. What is obvious to this reader is the global market in printing in these centuries, with German printers in particular providing sites for outsourcing and translations from the Latin and into the vernaculars of the various European markets. The interaction between these markets—not only across Europe but across the Atlantic—is evident from the lists of imprints that are available in this collection. It awaits further and comparative historical study.

Renate Wilson,
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H F J Horstmanshoff, A M Luyendijk-Elshout, F G Schlesinger (eds and trs), The four seasons of human life: four anonymous engravings from the Trent Collection, Rotterdam and Durham, Erasmus Publishing and Trent Collection, Duke University, 2002, pp. 109, €85.00 (including CD Rom) (hardback 90-5235-136-8).

This beautiful book presents for the first time a critical edition, transcription, translation, and commentary of a fascinating set of four seventeenth-century medical-astrological prints. Labelled spring, summer, autumn, winter, the prints fit into a medieval genre of the “Schema of the Fours”, but are much more complex. They follow a pattern: in the centre of each are human figures that portray the four seasons of human life—children for spring, a young couple for summer, an adult couple (she, pregnant, and he with a full-on erection) for autumn, and an elderly man and woman stepping into a grave for winter. The sun is on the upper left and the moon is on the right; and each is over-arched by the quarter of the sky (in months and zodiac) that corresponds to the season illustrated.

Unlike the usual schemata, however, each print also displays numerous, mainly medical texts, mostly from the Hippocratic Aphorisms but also from the Bible, Pliny, Seneca, Aristotle, and others. Even more unusually, as compared to the medieval schemata, are the paper flaps placed over sun, moon and other figures, which illustrate the anatomy of muscles, ligaments, and vessels. There can be as many as twelve of these flaps over a single figure, each taking the viewer to a different level of anatomical complexity. For instance, underneath the corner maps are diagrams of the anatomies of liver and lung. There are also paper dials built onto the prints, including a pregnancy calculator.
The authors provide not only excellent copies of the prints, but also a Latin transcription of the texts, an English translation and extensive footnotes. There are five chapters of commentary, covering the anatomy shown in the prints; the art history of their numerous hermetic and alchemical images; their astronomical and astrological contexts; a horoscope hidden under one of the flaps; and the botany and horticulture of the plants and trees portrayed. The visual problem of presenting the texts of the flaps was solved by including an animated CD-ROM that gives the reader some sense of how the various flaps open to uncover a new layer or new complexity. For instance, the sun of the print for spring is covered by flaps that progressively detail the anatomy of the eye, including its musculature and its vessels. Of course, the programme was not perfect; it did not allow the reader to zoom in on any random piece of text or flap and it crashed several times, but still.

Even with the CD-ROM, the excellent copies, transcription, translation, and commentary, however, I was still left pleasantly mystified by these prints. For instance, for whom were they composed? They seem to be too medically detailed to have been merely a conversation piece, but the medicine (texts and anatomies) is too disorganized and sketchy to have been used by an actual physician or surgeon. Is there some unifying significance to their extravagant use of alchemical symbols? Can these prints have had an occult meaning? Is that, possibly, why all the hundreds of other copies have disappeared? Is the use of a particular horoscope, 22 May 1605 (originally printed in a medical text by Magini) a hint? In short, is the “text” which ostensibly seems to be a kind of visual Family Medical Digest, a seventeenth-century Da Vinci Code?

The authors do not tell us, but no matter. With this fine production of an important and previously unknown work, we can look forward to further research focused on answering just such questions, and more.

Victoria Sweet,
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Florike Egmond and Robert Zwijnenberg (eds), Bodily extremities: preoccupations with the human body in early modern European culture, Aldershot, Ashgate, 2003, pp. ix, 235, illus., £45.00 (hardback 0-7546-0726-7).

This collection explores the “strong preoccupation with the human body” identified as a “characteristic shared by early modern Europeans and their present-day counterparts”: the former apparently evidenced by such themes as monstrous births and body snatching, the latter by cosmetic surgery and genetic manipulation. Whilst wisely avoiding the tendency to make comparisons between those two vantage points, the book is intended as a comprehensive and interdisciplinary historical investigation of the body “in extremis, the crossing of physical boundaries, the transition between outside and inside the human body, and bodily orifices”. Acknowledging that many literary studies of the body suffer from “internalism”, and that embodied experience is often overlooked in favour of the textual or metaphorical, it aims to parallel its account of body-knowledge—as acquired through anatomy, torture and techniques of “othering”—with concern for early modern human bodies as “living, acting and feeling subjects”. The inclusion of several interesting yet eclectic essays—varying in chronology, scope and sources—means that these aims are only partly realized.

A strong theme of the book is artistic representation, including Daniela Bohde’s essay on ‘Skin and the search for the interior’ (focusing on the flaying of Marsyas) and Robert Zwijnenberg’s article on Leonardo da Vinci’s Saint John the Baptist. In the former, the relationship between skin and self-hood is addressed, whilst Zwijnenberg is one of the few contributors to consider philosophical issues of identity. This he does by recognizing emotional expressions as mediators of mind and body, self and society. Harald Hendrix’s essay on images of torture in seventeenth-century Naples explores the instructive religious potential of images of pain and suffering and their effect upon the viewer. The book shifts gear with Florike Egmond’s “morphological” investigation of the
relation between execution and infamy in the public events of dissection and punishment. The remaining articles variously consider the metaphorical dissection of the body (in Paul J Smith’s account of the rhetorical structure and contemporary medical resonance of Rabelais’ ‘Quaresmeprenant’); the hierarchizing of bodily difference (through painting and gestures) in Peter Mason’s ‘Reading New World bodies’ the symbolic and political act of circumcision in José Pardo Tomás’ account of ‘Crypto-Judaism in sixteenth–eighteenth-century Spain’ and Esther Cohen’s article on pain in the Middle Ages. Cohen’s nuanced account of the gendering of discourses of suffering (and her acknowledgement of its medico-scientific and theological context) highlights the absence of such necessary contextualization elsewhere.

What is most interesting, and ultimately most disappointing, about this book, therefore, is its desire to produce new ways of viewing the historical body. As the editors acknowledge, “Books—as textual bodies—are supposed (and required) to have coherence”. Yet this collection does not. Rather than a study of “early modern bodies as living, acting and feeling subjects”, we have snapshots of objectified bodies at various points in time and space. The editors deny that it is “cultural history” (preferring to view the work as “a historically informed branch of cultural analysis”), and they reject the “context and method” imposed by traditional academic approaches. There is certainly scope for this kind of re-interrogation of sources based on awareness of our own limited sensibilities of what constitutes art, for instance, or “the medical”. But to do so satisfactorily requires us to acknowledge the complex and ever-shifting relation between mind, body and soul, rather than relying on such potentially ahistorical categories as “bodily extremities” and “self-hood” without reference to problems of definition. By focusing on baggily defined “cultural themes” and “going about research on the human body in which neither the method nor its contextual field have been determined beforehand”, the editors have failed to produce a convincing alternative to the methodological approaches they condemn. The result is a collection as disjointed and disembodied as its subject matter.

**Fay Bound,**
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**Pete Moore, Blood and justice: the seventeenth-century Parisian doctor who made blood transfusion history, Chichester, John Wiley, 2003, pp. xxiv, 224, illus., £16.99 (hardback 0-470-84842-1).**

Using similar image-evoking language to that of Edgar Allen Poe’s Auguste Dupin adventures, Pete Moore has also created a tantalizing tale of mystique and macabre. Unlike Poe’s account, however, Moore’s tale is true. The plot that he reveals scene by scene is that of Jean-Baptise Denis being called forth in 1667 to perform a blood transfusion in a human subject.

Helpful to the wide audience for which this work is intended (and deserves), the author introduces a cast of over 150 characters before his opening chapter. Readers are then carried into the world of seventeenth-century Europe with sufficient detail to feel that they are present at each of the settings Moore eloquently describes. Such attention to detail is important in delineating this little known history of a significant medical discovery.

Denis, a mathematician and astronomer with a passionate interest in medicine, together with the respectable surgeon Paul Emmerey, were called to the Hôtel de Montmor, home of a fashionable patron of experimental science to perform a blood transfusion into Antoine Mauroy. Mauroy, a local servant widely known for suffering bouts of insanity that provoked outrageous public acts, had been restrained in a chair in the audience-filled room before Denis arrived. A local calf had been secured as the blood donor.

Since blood was believed, at the time, to be “an essential component of who you are” (p. 10), it was reasonable for Denis to adopt contemporary medical thinking that purifying the blood of the ill was a pathway to cure. But instead of letting blood, as had been practised for
centuries, Denis was the leading advocate in France for transfusing good, healthy blood into diseased patients. Such procedures, the mathematician noted, had an advantage over blood-letting in that the overall blood volume could be maintained. The fact that the donor was non-human was of little consequence to Denis.

To establish the context surrounding medical wisdom of the period, Moore summarizes pertinent elements of Cartesian and Harveian philosophy as well as the new experimental philosophy that was being espoused by England’s Royal Society and emulated by France’s Académie Royale des Sciences. We gain a glimpse of the channels through which men like Denis advocated innovative experimental procedures in order to gain favour, thereby accelerating their societal rise. The rivalries so typical in histories of England and France are played out here in the claim of priority over which nation’s natural philosophers had first uncovered the benefits of blood transfusion.

Denis transfused some five or six ounces of the calf’s blood into Mauroy through a series of quills that he had connected into one continuous pipeline. Although not the first time he had performed such a transfusion into humans, it was his first time for using this technique in attempt to cure a patient who was deemed physically well, but mentally deranged.

What initially appeared as an “incredible cure” (p. 154), soon took a deleterious pathway upon which, after three transfusions over a series of weeks, Mauroy died and Denis was indicted for murder. Using the documentary evidence from the trial and contemporary European medical writings, Moore sets up a debate between all of these authorities in a manner similar to Walter Cronkite’s ‘You Are There’ US innovative television series of the 1950s. Although this setting is admittedly fictitious, it is believable as it is based solely upon accurate, contemporary accounts. At the conclusion of this scintillating scene, we find that Denis was acquitted, but the magistrate’s decision that “no transfusion should be made upon any human body without the approval of the physicians of the Parisian Faculty [of Medicine]” (p. 205) dealt a death knell to such experimentation in the ensuing decades. Indeed, the need to gain consensus from such a divisive professional body prohibited further attempts at transfusion for 150 years.

Some readers may be bothered by Moore’s readiness to skip forward within his chapters, filling the readers with more up-to-date information of the subsequent findings about blood and transfusion. Indeed, it was a bit disconcerting to jump into twentieth-century blood typing and incompatible transfusion knowledge in the midst of his chapter on ‘Denis’ route to the top’. Perhaps such information should have been relegated to an epilogue or added to the otherwise helpful timeline of seventeenth-century blood transfusion at the close of the book. Doing this towards the final pages would reinforce the timeliness of a history of blood transfusion. It would also have allowed the author to include references leading curious readers to more thorough histories of the importance of blood and modifications of blood transfusion over time. An index would also have been of immense help.

Upon reflection, I am left craving more medical and scientific history to be delivered in such a lively manner. Perhaps BBC television should be thinking how best to feature Moore’s important historical writing before an even wider audience, one that it clearly deserves.

Philip K Wilson,
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Walter Bernardi and Luigi Guerrini (eds), Francesco Redi, un protagonista della scienza moderna: documenti, esperimenti, immagini, Biblioteca di Nuncius, Studi e Testi 33, Florence, Leo S Olschki, 1999, pp. xi, 388, L 75,000 (paperback 88-222-47191).

The twenty papers in this collection aim to create a comprehensive image of the physician and courtier Francesco Redi (1626–1698). The book is divided into four overlapping sections: Redi’s laboratory work as it appears in his notebooks; his relationship with the science of his time; Redi viewed through the social context of
the Medicis’ Tuscany; and a final section that covers iconography, archival research and his literary works. The authors have gone to the fountain-head and analysed his laboratory notebooks—hundreds remain—and show that Redi worked in various experimental traditions. As well as the well-known experiments on insects and vipers, there are other reports in the notebooks on work on many species including marine creatures. In addition there are accounts of experiments in physics, as shown in Maria Conforti’s paper on “glass drops” and in Ferdinando Abbri’s on chemical substances. And behind the experiment one always finds theoretical issues, from atomism to anti-spontaneism.

The papers of Antonella Bonciani, Stefano Casciu, and Walter Bernardi demonstrate how, while to all appearances a radical empiricist who drew on many sources for his books, including iconographic sources, Redi wanted to carry out empirical work on a large scale and used his social and courtier’s skill to this end. He was an entrepreneur with multiple interests who had leadership qualities, above all organizational abilities. To bring together the hunter and the scholar, the barber and the poet, in a shared experimental enterprise presupposes management skills that are not necessarily attributes of the courtier. He looked for new talent, including artists whom he set to work with microscopes, as Lucia Tongiorgi Tomasi describes. His efforts to establish a school were fruitful, and many disciples and scholars joined his circle. In cases of scientific disagreement they performed experiments under the supervision of Redi and Malpighi bringing new facts to light, for instance in the generation dispute. Thus if there are good and bad patrons, Redi probably belonged to the former. Sometimes not claiming authorship for his writings, he would write important parts of a book which later appeared under a disciple’s name, as is revealed by Luigi Guerrini’s paper on the causes of the shock produced by the torpedo signed by Stefano Lorenzini. Another of his roles was that of arbitrator, which, as Susana Gómez López recounts, enabled him to unify the Galilean scholars in a shared endeavour.

For Redi what was at issue was the authority of the Ancients, which several papers discuss. This controversy is clearly illustrated by the debate between Redi and the Jesuit Filippo Buonanni over the spontaneous generation of molluscs and fungi studied in Michela Fazzari’s paper. Redi’s ambiguous relationship with the old tradition of natural history, analysed by Alessandro Ottaviani, and the linguistic choice he made when collaborating in the Crusca Lexicon. Alberto Nocentini describes how, unlike his colleagues at the Crusca Academy, he ordered his lexical entries according to the spoken, not the written language. In addition, Oreste Trabucco shows how Redi’s rejection of the authority of Ancients was evident in the way he used anatomy as a weapon against the Aristotelians.

Redi was also a physician, and the papers by Carla Doni and Domenico Bertoloni Meli discuss respectively his practice at the bedside and his relationship with Malpighi on anatomical research. Michelle Rak studies Redi the writer, who was so much the product of the baroque period. In addition, the book contains an archival survey of Redi’s library by Lorella Mangani, a study of the thousands of Redi’s manuscripts untouched in Florentine archives by Piero Scapecchi, and a comprehensive bibliography.

Despite what Bernardi calls the failure of Redi’s attempt at “big science”, his scholarly endeavour was carried on by others in France and in the rest of Europe during the Enlightenment. The book shows well how Redi reconciled the life of a courtier, and the patronage he wielded, with a great number of experimental enterprises in which there was active freedom of research. This new and complex image allows historians to go beyond the easy-to-sell icon of Redi the courtier that stems from Paula Findlen’s works. Rebelling against authority, dogmatism and scholasticism, Redi actively contributed to shaping new forms of knowledge.

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**Book Reviews**

Norbert Marxer, *Praxis statt Theorie! Leben und Werk des Nürnberger Arztes, Alchemikers und Fachschriftstellers Johann Hiskia Cardilucius (1630–1697)*, Studien und Quellen zur Kulturgeschichte der Frühen Neuzeit, vol. 1, Heidelberg, Palatina, 2000, pp. 285, DM 88.01, SFr 78.00, €45.00 (hardback 3-932608-07-0).

Among historians of medicine, the Nuremberg seventeenth-century physician Johann Hiskia Cardilucius (1630–97) is not widely known. Marxer’s study of his life and writings, however, shows that this is perhaps unjustified. In his own time, Cardilucius was renowned not only because of his medicine and chemistry, but also for his “reforming” efforts. According to Marxer, these last efforts were centred on the notion of “Nützlichkeit” (usefulness) in medicine and education. He promoted the use of the vernacular and, in addition to the teaching of classical subjects, he promoted the nationwide education of “useful” topics, such as mathematics, the arts of building, medicine, waterworks, farming, etc. He published his own works in German and, moreover, translated important works into the vernacular. Cardilucius, in other words, was for Nürnberg what the members of the Hartlib circle were for England. It is not surprising therefore, that Cardilucius was acquainted with Hartlib himself.

With respect to his medicine, Marxer calls Cardilucius an eclectic. He promoted a medicine based on the classical idea of the four humours, supplemented with elements of Paracelsian and Helmontian iatrochemistry. Marxer argues that although medicine at the time moved away from classical and Arabic-medieval sources, remedies continued to be based on the doctrine of the four humours. The work of Cardilucius illustrates this inclination, for his (spagyrical) remedies do not show any awareness of the new mechanical philosophy, but are still rooted in classical and/or iatrochemical ideas.

The book is a good starting point for anyone wanting to know more about Cardilucius. It is well researched and richly footnoted. Unfortunately, however, as a biography it is not much more than a summing up of the life and work of Cardilucius. There is little analysis and the author hardly ever attempts to pose, let alone answer, the question of why Cardilucius acted the way he did. Although historians of science and medicine have become increasingly aware of the philosophical and religious significance of early modern natural philosophy, not much of this awareness is visible in Marxer’s *Praxis statt Theorie!* In other words, little is done to set Cardilucius’ work in context. The title, for instance, hints at an association between Cardilucius and Leibniz. Indeed, we discover that Cardilucius moved in the philosophical circle around Leibniz and, according to Marxer, Cardilucius’ motto “Practice not Theory” was a variation of Leibniz’s motto *Theoria cum praxi*. Yet, no more is said on the matter and the reader is left wondering how much of the philosophy of Leibniz is visible in the ideas of Cardilucius. Similarly, the reason why Cardilucius was keen on reform in education is not explained. Moreover, stating that Cardilucius was an eclectic is an easy way out of difficult questions—the reader, still, wants to know why Cardilucius adopted certain ideas in his medicine and chemistry.

Still, perhaps one should not blame Marxer for not doing more than the subtitle of his book promises, i.e. to give an account of the life and work of the Nürnberg physician Cardilucius. As such the book is useful for anyone researching the Germanic “reform movement” in medicine and education. It also illustrates the adoption of iatrochemical ideas in medicine. Most notably, Marxer’s annotated bibliography of Cardilucius’ works invites further research.

Rina Knoeff,
Maastricht University

M J van Lieburg, *Nieuw licht op Hendrik van Deventer (1651–1724)*, Rotterdam, Erasmus Publishing, 2002, pp. 120, €17.50 (paperback 90-5235-163-5).

In medical historiography, Hendrik van Deventer was traditionally praised as the most important representative of early modern obstetrics in the Netherlands. His book *Manuale*...
operations which are a New Light for Male and Female Midwives), which appeared in 1701, was hailed as the first work in the Dutch language to have considerable influence on the practice of obstetrics in the eighteenth century. It was translated by contemporaries into Latin, German, French and English. In 2001, it was reprinted with an introduction as volume 20 of the Dutch Classics in History of Science.

Now Marius Jan van Lieburg, an expert in Dutch medical history, sheds “new light” on the author of this famous gynaecological treatise. Deliberately leaving aside Van Deventer’s significance for the development of early eighteenth-century obstetrics—already extensively treated in the historiography—Van Lieburg’s thorough archive research has led him to the discovery of important, hitherto unknown, sources. Among these finds were a thesis by Van Deventer long believed lost, a chemiatric treatise, probably published in 1680, and nine manuscripts, including his remarkable treatise Eerste beginselen der ware natuurkunde (First Principles on true Physics) on physics and chemistry.

Van Lieburg, who also gives a genealogical overview and a bibliography of Van Deventer’s works, places Van Deventer in the cultural and scientific contexts of the Dutch Golden Age. He emphasizes the importance of Van Deventer’s religious views in the context of previously unknown facts of his biography. According to Van Lieburg, Van Deventer joined the Labadist sect in 1670 and lived with them until the 1690s before he started to practise medicine in The Hague. Van Deventer is presented not only as a surgeon, orthopaedist and obstetrician who was capable of improving his personal expertise, but also as a physician who developed a flourishing trade in spagyric remedies, and as a chemist belonging to a fascinating group of Dutch researchers inspired by the English Paracelsist George Starkey (1628–65). Analysing the treatise on physics and chemistry, Van Lieburg shows that Van Deventer was a Christian philosopher intent on devising a strictly biblical cosmogony on the basis of revised physical science, and employing to this end a theory of five elements and an amended pneumatic theory.

The book is worth reading by all scholars interested in early modern Dutch medicine. It is one of several recent publications which point out that science and religion were not separate realms with their own questions and solutions and that historians have neglected the importance of theories and ideas which modern science has conveniently forgotten. Unlike Rina Knoeff’s doctoral thesis, Herman Boerhaave (1668–1738): Calvinist chemist and physician, also published in 2002, Van Lieburg’s Nieuw licht so far shares the same fate as many other Dutch scholarly works. Because of the language barrier, it is not widely accessible to the international community of scholars—an English translation would be very welcome.

Christoph Schweikardt, Ruhr University Bochum

Françoise Gaide and Frédérique Biville (eds), Manus medica. Actions et gestes de l’officier dans les textes médicaux latins. Questions de thérapeutique et de lexique, Collection Textes et Documents de la Méditerranée Antique et Médiévale, Aix-en-Provence, Université de Provence, 2003, pp. 272, €24.00 (paperback 2-85399-549-6).

This volume contains the papers of a conference held in 2001 that brought together linguists and historians of medicine to consider the ancient evidence for the actual activities and gestures involved in the life of a Roman doctor. Veterinary medicine is also included, as well as magic, alongside more familiar medical authors such as Celsus and Pliny. The range of activities discussed here is substantial, from touching and bandaging to cauterization and the preparation of a variety of drugs in a variety of forms. The best papers are those that go outside the strictly philological to introduce epigraphic, artistic or archaeological information to explain or to develop accounts...
in purely literary sources. Even jokes about the gladiator-turned-doctors can be interpreted to show the cruelty of ancient surgery. Prayers and chants show the ever-changing relationship of medicine to the divine, which is far from being a simple dichotomy.

Students of ancient medicine will find much to ponder here, but they will also have to work hard to find discussions of specific texts, save for what is specified in the list of chapters, for there is no index of any kind, and the brief introduction does little more than hint at the contents of each chapter. It is also disappointing that in a book specifically devoted to actions and their description there are no illustrations in the body of the book. The cover shows a relief from Ravenna that may indicate a medical scene, although both subject and the individual components of the image are far from agreed. An opportunity has been lost to make these valuable papers still more useful to the wider community of scholars.

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