anniversary of Boyle’s death in 1691. This was held appropriately near Stalbridge on the Somerset-Dorset border where Boyle lived between 1645 and 1655.

The twelve revised conference papers printed here include a useful Boyle bibliography of nearly 300 items published since 1940 and a helpful introductory orientation by Hunter which again lays to rest Jacob’s thesis that there was a direct connection between Boyle’s espousal of the mechanical philosophy and the ideological conflicts of the English civil war. As both Malcolm Oster and John Harwood argue in their respective essays on interrogenum politics and on rhetorical theory, Boyle transcended sectarianism and was indifferent to the identity of a government so long as it was effective. The keys to understanding Boyle, they, and other contributors, maintain, are the ethical and moral writings he penned as a young man in Latin and English. The problem for Boyle scholars is to demonstrate that these early thoughts and beliefs remained norms for the mature figure of the 1670s and 1680s.

Of direct interest to historians of medicine is Rose-Mary Sargent’s examination of how Boyle constructed an experimental philosophy by comparing the methods of, among others, Galileo, Paracelsus, Helmont, and Harvey, as well as the practical activities of artisans. Boyle’s plan to publish a critique of orthodox medicine came to nothing, though there are clear references to it in some of his other writings. It would seem that Boyle believed that physicians would benefit from a knowledge of iatrochemistry; equally, he maintained that chemists would benefit from a study of the physician’s methods of diagnosis and use of inference, prognosis and confirmation. As Antonio Clericuzio plausibly argues, the purpose of the mangled dialogue, The sceptical chymist, was to make the study of chemistry respectable among gentlemen, while at the same time offering a criticism of those Oxford physiologists who were uncritically adopting the chemical principles of Paracelsus and Helmont.

Other essayists raise the vexed questions of Boyle’s attitudes towards alchemy, miracles, final causes, and whether his belief in the existence of “certain subtle bodies” was consistent with his apparent commitment to mechanical philosophy. Like Newton, it seems that we shall come to see Robert Boyle as a transitional figure and that to achieve a full understanding of this remarkable man we shall need to immerse ourselves in seventeenth-century theology and ethical theory. Michael Hunter and his disciples will be good guides to our better understanding.

William H Brock, University of Leicester

Jean E Ward and Joan Yell (eds and trans.), The medical casebook of William Brownrigg, M.D., F.R.S. (1712–1800 of the town of Whitehaven in Cumberland, Medical History, Supplement No. 13, London, Wellcome Institute for the History of Medicine, 1993, xxiv, 176, illus., £23, $38 (distributed by Professional and Scientific Publications, BMA House, Tavistock Square, London WC1H 9JR).

By profession a doctor, William Brownrigg had an enquiring mind and strong scientific leanings. With such attributes, it is not surprising he took to writing detailed case histories with the treatment instituted and its success or otherwise. A casebook, written in Latin, dating from 1737 to 1742 is still extant and is to be found in the Jacksonian Collection at Carlisle Library, Cumbria. As the editors, Jean Ward and Joan Yell, point out, the histories appear to have been fairly selective as they deal almost exclusively with patients drawn from the professional, merchant and skilled tradesmen classes, although we know that in times of emergency he also attended the distressed poor. The notes show him to have been a man of compassion, one who not infrequently refers “to this poor baby” or to a patient who “died a cruel death”.

He was a careful and thoughtful doctor, sometimes concluding a history with a query
as to whether he would have been wiser to employ some other treatment. On occasion, presumably in company with one of the local surgeons, a post-mortem was carried out, or when there had been a happier outcome he followed the patient’s progress beyond the period during which he had treated him. He was an avid reader of medical books and papers, not infrequently consulting by letter with the authorities of his time.

Although he presented a number of papers to the Royal Society and wrote on ‘The art of making common salt’, he was not a prolific writer. Probably he hoped to do far more, we know that he planned a history of coal mining, and from the material within the casebook we can guess that he intended to produce articles on erysipelas, haemorrhoids and lithotryptics.

The editors have given us a useful introduction to the book in which they have constructed two informative graphs as well as placing William Brownrigg in his setting of a flourishing seaport and industrializing town. Whitehaven was isolated from London but in good contact with Dublin and even with Virginia. The main problem arises when the decision was taken to translate the prescriptions’ medical/pharmaceutical Latin with its unfamiliar, out-moded nomenclature and shortenings into English.

Appendix III consists of ‘A List of Herbs and Plants used by Brownrigg’ comprising the name found in the casebook and the “common name”. One immediately notices a number of spelling mistakes—Actium Lappa for Arctium Lappa, Macid for Macis, Maly for Malv., Cochlear for Cochlear. Alarm bells having rung, one looks further. Surely Cochlear is more likely to have been the shortening for the much prescribed Scurvy Grass (Cochlearia officinalis) rather than for Horseradish (Cochlearia armoracia), and would not Mann. be the abbreviation for the commonly used Manna, rather than Mandrake? Diam. besides being the shortening for Diambra (not Diamb) is also that for Diamoran and Diamoschum, Dia being a prefix indicating “made from”. Vaccin. (ium) is unlikely to be Hyacinth, little used in medicine, but the bilberry, Vaccinium myrtillus, and surely Andromach. is more likely to be a reference to the famous theriac and not to Erica?

An attempt was then made to read the prescription on Plate 3 (p. 36) which had been prescribed for Mrs Barrow, “a widow about 40 years old of good constitution and full of sap”. The results were not reassuring.

After having had six fluid ounces (i.e. 3vi) of blood taken she was given, firstly Sal. Volatile and then a Vomit consisting of two drachms (3ij) of Vini Emet and one drachm (3i) of salt, not 2 oz and 1 oz. respectively. Later she was made to sneeze and given the following:

R.

Aq. Ceras: N.—Black Cherry Water, not Barley Water.

Aq. Puleg:—Water of Pennyroyal of each 3ij (i.e. 3 fluid ounces).

Aq. Pacon: C—Compound Peony Water

Aq. Bryon: C—Compound Bryony Water of each 3i (i.e. 1 fl. ounce), not 3 oz.

Tinct. Castor.—Tincture of Castor

Tinct. Croci—Tincture of Saffron

Sp. Lavend. C.—Compound Spirit of Lavender of each 3ifs. (i.e. 1/2 drachms) not 1/2 scruples.

The scruple sign is Ξ.

Syr. Sacch.—Syrup of Sugar—3v (i.e. 5 drops). not 5 scruples.

Or

R.

Pil. Ruffi—3ij (i.e. 2 drachms), not 2 scruples.

Tart. Vitriolate—vitriolated Tartar or crude Potassium sulphate 3i, not 1 scruple.

Castor: pulv.—powdered Castor (rather than Sugar, I think)

Sal. Vol. Succin.—Salt of volatinised Amber of each 3fs (i.e. half a drachm), not half a scruple.

Ol. Succin. rect.—Rectified Oil of Amber—gtt. xx. (i.e. 20 drops). This is not ‘pet rectum’

Bals. Peruvian:—Balsam of Peru—q.s.

If the editors have throughout the book mistaken the drachm sign for that of the
scruple then every prescription where this.

The book contains the papers presented at a

Jean-Claude Beaune (ed.), La Philosophie
du remède, Seyssel, Éditions Champ Vallon,
1993, pp. 384, Frs 175.00 (2–87673–179–7).

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