

## Book Reviews

**Irvine Loudon** (ed.), *Western medicine: an illustrated history*, Oxford University Press, 1997, pp. xvi, 347, illus., £25.00 (0-19-820509-0).

Students of the history of medicine long complained that there was no single volume available that expounded to a general audience the results of the massive changes that have taken place within the subject over the last thirty years. Now, English readers have a choice between three such histories of medicine, and a fourth, written by Roy Porter alone, will appear shortly. Of those in print, the Wellcome Institute's *The western medical tradition*, Cambridge, 1996, covers in greater depth and at greater length than the others the period from the Greeks to 1800, and a sequel is greatly to be wished. The *Cambridge illustrated history of medicine*, Cambridge, 1996 (the shorter Porter), ranges from Egypt and Babylon to speculation on the future of medicine. Its six contributors treat broad themes chronologically, and its illustrations are partly integrated with the narrative and partly placed at the centre of separate discussions of topics of interest. The new Oxford *Western medicine: an illustrated history*, the lightest of the three in weight, has more contributors, nineteen, and more words than its Cambridge rival. All three, it is fair to say, succeed in their main aim, of transmitting the new history of medicine to all those interested, and all have something to say to fellow medical historians, as well as to the general public. In scope, choice of themes, and illustrations, they complement one another, and although comparisons are inevitable, they should not obscure that fact that each should be regarded as essential reading, if not as an essential purchase.

What should one demand of a good history of medicine? My choices would be accuracy, lucidity, coherence, balance, and enough individuality to mark it out from its competitors. On these criteria, this book scores high. Factual errors are few,<sup>1</sup> and many chapters are well written and put together. But those on unofficial medicine and on patients

lack verve, often descending into academic jargon: "although a new epistemology reconceptualised specific disease entities so that the 'medical gaze' focused to a greater extent on their physical signs, the resilience of history-taking in medical encounters indicates that the patient's own story continued to be heard". The rest of this review will focus upon the other three qualities, which interact to give the Oxford version its particular merits.

As befits a work edited by a doctor and artist, it asserts its individuality from the start, with a brilliant chapter, by Martin Kemp, devoted to the use and interpretation of visual evidence within medicine and by historians. Both cautionary and challenging, it is an exemplary introduction, sweeping away much loose thinking about the past, as well as meditating on the images contained elsewhere in the volume. Its impact is perhaps lessened a little by the failure to provide cross-references to the actual images, and by the decision (also in the shorter Porter) to give no index of non-colour illustrations. Even after using the index of acknowledgments and the captions, many questions remain frustratingly unanswered; p. 17, the text refers to the Renaissance and Fabrizio's appointment to Padua in 1565, the illustration comes from a reprint of 1648; pp. 161–2, which hospitals are represented? The plate on p. 108 has been reversed; others are fuzzy or too small to see essential details, and activities described in the caption on p. 273 have been lost in the cropping of the colour plate opposite. Maps are few, and confusing: on p. 180 Peking is depicted as the source of the Black Death, and the map on p. 181 does not make clear which diseases are transmitted where. But, in general, the illustrations extend the message in the text, and like those in the other volumes, contain much that is new and unusual.

The more strictly historical sections are divided into seven chronological and eleven topical chapters. The former group covers the Greeks; Europe and Islam (interestingly concentrating on an exchange of ideas down to the last century); the Middle Ages (ending around 1400); the Renaissance; a long sweep

(by Hal Cook) going from 1600 to 1850; and two chapters on modern medicine, breaking at 1945. All the authors have good things to say, and say them well, and to single out for special mention Michael McVaugh, Tilli Tansey, and Stephen Lock is to emphasize the remarkable way in which these three authors have managed to combine new material, broad argument, and individual examples to catch the reader's attention. All the authors here manage to keep the balance between their own special interests and the overall story of the book, save for the chapter on Antiquity, which dismisses everything in the Roman period and after in a single page, deals with Galen in thirteen lines (after taking two pages over Alcmaeon, who has hardly more than thirteen medical fragments to his name), and says nothing about late Antiquity or any social or institutional aspects of medicine. Other contributors thus refer back or allude to non-existent discussions, and the reader can gain no idea of the importance of Galen and the changes that were imposed by Galenism.

The thematic chapters deal respectively with medical education, modern hospitals, epidemiology, nursing, childbirth, paediatrics (why not geriatrics?), psychiatry, the spread of western medicine, unofficial and unorthodox medicine, medicine and the state, and patients. With the exception of 'Medicine and the mind', by Michael Neve, and the editor's own 'Childbirth', they do not rise above the competent. Some do little more than summarize the author's own interests or books; paediatrics looks only at children in English hospitals, while 'Medicine, politics, and the state' is a tired survey of the history of the national health service, with a brief nod to practices in the USA and an even briefer one to the Continent. Compared with John Pickstone's similar chapter in the Cambridge volume, both politics and the demands of the state are almost forgotten. The massive involvement of the state in all aspects of medical life today, to say nothing of Nazi Germany and the Communist world, is passed over in silence. In general, this section lacks a certain coherence. This can in part be easily excused on the grounds that a

short book like this cannot cover everything, but many authors seem unsure of their audience and of its requirements.

The question of balance also must be faced. The best chapters manage to situate the English medical experience (Edinburgh and Dublin fade out after the 1820s; the rest of Scotland and Wales are left out) against developments on the Continent, in the USA, and in the wider world. But, unlike in the first part, the twentieth century is often viewed entirely as anglophone and even London-centred. Where continental examples are used, notably by Tröhler and Prüll, they gain greater force precisely because of their relative unfamiliarity. The fact that for much of this century large parts of the developed world have been run by fascists and communists, each with a distinctive ideology about health, does not seem to have impinged on these historians of Western medicine. I would have also willingly given up some of the repetitive discussions of McKeown's thesis, lucidly expounded in Part I by Stephen Lock, for a few pages on the modern pharmaceutical industry that controls so much of our lives.

A second gripe about the balance concerns chronology. Some authors in Part II acknowledge, with arguments of varying validity, that they are concerned only with the modern period, others plough on regardless: the chapter on unofficial medicine is confined to the period from 1500 to 1800, medicine and the state to the twentieth century. Where earlier periods are discussed, odd errors creep in: Jewish hostels are forgotten, and the introduction of bedside teaching is credited by one author to Boerhaave, by another to Da Monte over a century earlier.

These criticisms, however, can easily be met, if the chapters in Part II are seen more as introductory essays than as historical surveys. As the editor says, they are partial, and one can think of other subjects that should have been covered, had space and time been available. But in general, the authors, especially in Part I, fulfil the tasks set for them admirably, and the volume fully deserves to be on the shelves of all those interested in the history of medicine.

No longer can readers only of English complain at the lack of suitable general histories, and professionals will find much to ponder and debate.

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<sup>1</sup> Most are to be found in the chronology; where, p. 316, Diocles is credited with the first Green Herbal (read "Greek anatomy"); plague in Britain ends in 1392; and syphilis breaks out in 1490. The decision to insert all entries referring to a century at the head of entries for that century, and to place individuals by their date of birth results in some curious juxtapositions. Misprints are commendably few: I enjoyed quaiacam, p. 342, and the index is reasonably accurate.

**Ole Peter Grell and Andrew Cunningham** (eds), *Health care and poor relief in Protestant Europe 1500–1700*, Studies in the Social History of Medicine, London and New York, Routledge, 1997, pp. xi, 260, £50.00 (0-415-12130-2).

Two aims stand out in this set of essays. The first is, as Ole Peter Grell states, "to re-insert the Reformation into the story about early modern innovations in poor relief and health care provision": the second, to show that there were some similarities in approach amongst the states of Northern Europe, Scandinavia and the Baltic coast. These aims are admirable, given that for some the Reformation remains an ideological monolith that in all cases rejected beggary as a Christian means of sustenance, favouring instead the "deserving poor" and the "work ethic". As the essays show, common features can be seen, particularly in the redefinition of charity for temporal rather than spiritual purposes and in the move from religious to civic or private administration of hospitals. The influx of Protestant refugees from France and the Spanish Netherlands, along with the printing and diffusion of their ideas, meant that certain standard attitudes prevailed, for instance, with regard to a specifically Protestant version of Christian duty. This said, the issue of the poor and the sick was prominent in both Reformation and

Counter-Reformation states, and responses were tempered by concerns with social order and civic management that were common to the ruling élites regardless of their religious beliefs. As Paul Slack points out in his paper on London, issues of benevolence and patronage, as well as architectural grandeur, meant that the *Invalides* military hospital in Catholic Paris provided a model for the rebuilding of many of London's hospitals. One might add that a close look at engravings of Bethlem Hospital, constructed on Moorfields in 1676, shows strong similarities with the Tuileries palace. In addition, the Italian city states with their dynamic governments also provided a strong example for Protestant countries. As ever, it is the richness of each individual case that makes these essays interesting.

Many of the papers are notable for their assault on simple economic or demographic determinism. Jonathan Israel's study of the Low Countries shows how the building of poorhouses and workhouses in Amsterdam was facilitated by the new wealth of the city's merchants. The city also owed much to their concerns with urban rebuilding and civic duty, as well as to reforms in bedside medicine brought about at the University of Leiden. Population growth brought underemployment and consequent poverty and represented a threat to the social order that was identified and dealt with in different ways. As E Laedwig Petersen's article on Copenhagen shows, Christian IV's health care reforms were intended both as an act of Protestant piety and, however ineffectual, as a way of strengthening his monarchical rule. Rosalind Mitchinson's vibrant article on Scotland illustrates how unwillingness and insecurity on the part of landowners meant that the Poor Laws and the parish rates that they entailed were raised only in extreme circumstances, as in times of plague.

Recent studies by Margaret Pelling on Norwich and Andrew Wear on St Bartholomew's parish in London have shown, and these essays confirm, that poor relief and health care were provided largely on a local, parochial basis with the sick or the poor being