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patient who refused to take exercise that he could only be cured by a doctor in Aberdeen. The gullible patient rode there, failed to find the non-existent doctor—but cured himself by the exercise (pp. 53–4; cf. p. 169). Sydenham had ‘an abhorring’ of bleeding, and of most of the medicines prescribed in his day (pp. 41, 49). Patients were best left to ‘the prince and pattern of physicians—Time’ (p. 47). ‘His own palate will be the best judge what is fit for him’, Sydenham wrote to Locke of a patient with whom the latter was having difficulties (p. 172). When one day I asked him to advise me what books I should read to qualify me for practise, one of his juniors records, ‘he replied “Read *Don Quixote*, it is a very good book, I read it still” ’ (p. 49). With such legends accreting round him, with his radical politics and his caustic tongue, no wonder one of Sydenham’s more traditional colleagues referred to him as ‘a trooper turned physician’, and that attempts were made ‘to banish him, as guilty of medicinal heresy,’ from the College of Physicians (p. 43).

Dr. Dewhurst sums up: ‘His pioneering of quinine was of immense benefit in fever-ridden England, and countless lives were saved by his cooling regimen in the treatment of smallpox. He exhibited iron, either in the form of steel filings or as a syrup, in the treatment of hysteria and chlorosis; and in a pain-racked age he wisely realized the value of opium, which he gave in the form of liquid laudanum’. But his reputation mainly depends on the general clinical principles which guided his own practice of medicine and illustrated his writings; his ‘revival of the Hippocratic method of studying the natural history of diseases by making a series of accurate and detailed observations set the clinical pattern of future progress’ (p. 59). Dr. Dewhurst’s volume consists of a valuable seventy-page introduction and over one hundred pages of Sydenham’s original writings, nearly all hitherto unpublished, some of them previously attributed to Locke (p. 73). It is an excellent piece of work, of interest to the general historian as well as to the medical specialist.

CHRISTOPHER HILL

The Medical Formulary or Aqrabadhin of Al-Kindi. Translated with a study of its materia medica, by MARTIN LEVEY, (Publications in Medieval Science), Madison and Milwaukee, Wisconsin, University of Wisconsin Press, 1966, pp. xiii, 410, \$8.50.

There are several areas in the history and philosophy of man’s progress to which little attention has been given. Among the least studied and understood is the Arabic culture, during the Middle Ages, especially in its contribution to the development of the health professions.

Levey’s fine, scholarly work fills this hiatus in the study of Arabic pharmacy and the evolution of materia medica. In the introduction, Professor Levey adequately covers the major types of Arabic literature on pharmacology (although the term is poorly defined in the footnote on page 3). He does even better with the etymology and sources of Arabic names in materia medica but gives little attention to the life and times of al-Kindi (see my article, ‘Al-Kindi, a ninth-century physician, philosopher, and scholar’, *Medical History*, 1965, 9, 328-342).

It is, however, refreshing and very creditable to note that Levey has included a reproduction of the original Arabic manuscript. He has rendered the translation

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thoughtfully, with good taste and, for the most part, with meticulous accuracy. In several passages, however, words and sentences are incorrectly translated (see for example, Nos. 13, 85, and 216, pp. 42, 100, and 210-212, respectively). A few titles of subdivisions, moreover, have been ignored or overlooked as in No. 95, p. 108, where a new paragraph should read: *Dentifrices*: 'The white dentifrice used to arrest (cure) . . .' Also No. 99, page 110, should read: 'Another dentifrice for the aforementioned ailment . . .' and No. 102, p. 112, should read: *The Yahudi's (Jewish) Dentifrice* not the 'Jewish Tooth'. This possibly refers to a recipe prepared by Masar-jawayh or another Jewish physician of the eighth or ninth century. The discussion, identification, and arrangement of the materia medica on pages 225-345, together with the selected bibliography, are most welcome and useful additions.

From the wording of the title, the incipit of this treatise, and the repeated references to what al-Kindi 'dictated' (*amla*), wrote in his own hand, composed, and prescribed (*sifat*), I am inclined to believe that the treatise is not genuinely al-Kindi's in the true sense of the word. It is rather a formulary or, even better, a selection of remedial recipes a majority of which were gathered from a collection attributed to al-Kindi as his *Agrabadin*. Doubt of its authenticity is further enforced by the fact that it is not listed in al-Nadim's *Fihrist* (completed 987/8), which, to my knowledge, mentions all writings completed by al-Kindi. It is possible that because of the fame of this 'Philosopher of the Arabs', his interest in natural history and medical therapy, and the number of recipes attributed to him, the text bears his name. Further light could be thrown on this matter if the names of pharmacists, physicians, and proprietors, referred to throughout the text, could be adequately identified. I must add that these names are not quoted in full and, hence, authentication becomes a difficult task. Uncertainty by no means minimizes the value of this commendable contribution.

The University of Wisconsin Press deserves to be congratulated on the excellent format, the fine reproduction of the Arabic manuscript, and the beautiful Arabic script included with the materia medica.

SAMI K. HAMARNEH

Elizabeth Garrett Anderson, by JO MANTON, London, Methuen, 1965, pp. 382, 42s.

In 1865 Elizabeth Garrett became the first woman to obtain a legal qualification to practise medicine and surgery in Britain when, in the face of overwhelming difficulties and hostility, she successfully fulfilled the requirements of the Society of Apothecaries under the 1815 Apothecaries Act. The daughter of a rich and successful merchant, Elizabeth Garrett was the product of that thrusting, self-made, Victorian middle-class energy and inventiveness which opened new worlds. Like many other intelligent Victorian girls Elizabeth rebelled against the constraints of conventional idle life. Writing to an aunt to tell of her decision to study medicine she said: 'During the last two or three years I have felt an increasing longing for some definite occupation which should bring me in time a position and a moderate income. I think you will not be surprised that I should feel this longing, for it is indeed far more wonderful that a healthy woman should spend a long life in comparative idleness, than that she should wish for some suitable work, upon which she could spend the energy that now only causes painful restlessness and weariness.' So too might Florence Nightingale have written, or a host of others. Elizabeth Garrett had no particular 'call' to medicine, but