De symphatia, Pennuto leaves one question underdeveloped: Fracastoro’s impact on his own generation of physicians and his importance for the understanding of diseases in the early modern period to the end of the seventeenth century. His new notions of contagion became the Ur-text of the next generation of Italian physicians, who were forced to confront the Italian-wide pandemic of 1575–78. His De symphatia and De contagione gave them the intellectual armament to attack models of medicine, astrology, and universals that had become so well entrenched with Marsilio Ficino’s Consiglio and the Greek editions of Galen during the first half of the Cinquecento. Perhaps this will be Pennuto’s next assignment.

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In the Preface to his immensely successful Primitive physic, John Wesley asked whether there were not too many books already on the art of medicine. His answer: “Yes, too many ten times over, considering how little to the purpose the far greater part of them speak.” Additionally, they were “too dear for poor men to buy, and too hard for plain men to understand”. As one who famously twinned the roles of pastor and physician, Wesley considered it his duty before God to assist the labouring poor, to ensure that, through his mediation, they had access to sound and affordable medical advice. In an impressive monograph, notable for the thoroughness with which the most recent secondary literature has been assimilated, Deborah Madden offers a systematic study of Wesley’s motivation and its grounding in his primitive Christianity. His prescriptions for fighting the diseases of his day, his advocacy of an austere preventive regimen, and his responsiveness both to criticism and to the latest medical innovations are presented as the products of a sincere, practical piety.

Madden makes no secret of her intention to lift Wesley’s reputation by rescuing him from contemporaries who falsely accused him of quackery or who exaggerated his disrespect for professional physicians, to whose authority he frequently deferred. He has to be rescued, also, from historians who have accused him of making medicine too subject to theology, and, specifically, of conflating madness and demonic possession. One consequence of Madden’s rescue operation is that Wesley is instated as an exponent of Enlightenment culture rather than marginalized or excluded from it by his fideism. His sensitivity to environmental determinants of disease, his willingness (as with George Cheyne) to interpret the body mechanically, his empirical insistence that remedies must be tried and tested rather than deduced from conjectural theories are described as conforming to a Lockean epistemology that was also compatible with the neo-Hippocratic writings of Thomas Sydenham.

Central to Madden’s argument is the claim that, despite the analogies Wesley drew between physical and spiritual healing, he regarded the two as separate, in the sense that the former addressed diseases of the flesh, the latter the life of the spirit. She insists that he did not confuse medicine with religion, did not suggest that health of body and soul were one and the same, and did not teach that the spiritual world could affect bodily organs. At first sight, this might seem to sit uncomfortably with another of her main contentions—namely that to understand Wesley we have to recognize his holistic understanding of the human subject, in which “theological abstraction and biological study were fused together in a dynamic and powerful way because he was fascinated by the full range of human existence” (p. 267).
For Wesley there was a level at which religion and medicine were fused. Thus he shared with Cheyne the view that the most remarkable rules for preserving life and health were at the same time moral duties commanded by the author of nature. He also had no doubt that bodily disorders could be caused and influenced by a person’s state of mind. Indeed, one of the real strengths of Madden’s analysis is her identification of the several levels at which Wesley’s eclectic theology did shape his medical priorities, even if the connections were largely invisible in his text. His understanding of the Fall lay behind his description of the earth as “one great infirmary”. Salvation itself was a form of healing. The simple life he advocated, in protest against the debilitating indulgences of his age, was precisely what the imitation of Christ required. The instilling of hope into a patient resonated with the larger eschatological hope of a future life, grounded ultimately in Christ’s resurrection. There were connections, too, with the natural theology that Wesley articulated more fully in his *Survey of the wisdom of God in the creation*: medical intervention was the re-tuning of a machine that had been wonderfully made.

Despite these and other interconnections that Madden finds in his sermons, she is surely correct, in principle, to say that, at the crucial level of treating specific diseases, Wesley’s eyes could be, and were, focused on the natural, not the supernatural. By carefully tracing his many theological and medical sources, and by devoting an entire chapter to an assessment of his therapies (including his minority enthusiasm for electrification), she largely succeeds in portraying him as more a representative of the English Enlightenment than a deluded dilettante. By her own admission, however, there are issues she has preferred not to engage, such as Wesley’s interest in both faith healing and the miraculous. How the rectification of that omission, and even Wesley’s belief in the efficacy of prayer (which he described as “that medicine of medicines”), might qualify her reappraisal is perhaps a nice question.

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Despite several decades of intensive research into the social history of English medicine, surprisingly few sets of practitioners’ papers have been printed. Matthew Flinders, a medical practitioner based in Donington, Lincolnshire, in the late eighteenth century, kept an unusually detailed record of his life and work, and this edition of his manuscript notebooks will be welcomed by all students of the period.

Characteristically for its time, Flinders’ manuscript was a hybrid of account, diary and memorandum. Its main content is a record of his household’s cash receipts and expenses, in which his professional earnings and expenses are mingled. Alongside these financial records are a set of notes and records detailing aspects of his practice, which gradually diminish in scale until they disappear completely in the second volume (yet to appear), and diary passages recording the events of his life. Flinders was an able and helpfully brief diarist. His notes include topics such as the birth of his children, the death of his wife, the inoculation of his servants, his own health, his travels around the area, and major purchases such as a new horse or cow. He also regularly summarized his financial position, debts and credits, and interests in prose.

As his accounts of his medical activities reveal, Flinders was an example of that fabled beast, the provincial general practitioner. He is labelled here variously as an apothecary,