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and hard work took him all the way from the bottom of the medical career ladder to the summit of civic virtue and stylish Tory rural conservatism. It is good to have such a well-documented study of a medical beneficiary of Leamington's waters, and of the nineteenth-century gentry's determination to be permanently ill without being (medically) bled.

Michael Neve

Unit for the History of Medicine, University College London

KARL Y. GUGGENHEIM, *Nutrition and nutritional diseases. The evolution of concepts*, Lexington, Mass., and Toronto, Collamore Press, 1981, 8vo, pp. xii, 378, illus., [no price stated].

Although quite a few of the topics in this book have been discussed during the last decades, e.g. in the works of McCollum, Partington, Florkin, or Mendelsohn, it is a welcome addition to our literature and has a character and a value of its own. It shows how food was seen as building-material and a source of energy from Hippocrates to Maimonides. It relates the new concepts of the seventeenth century, e.g. of van Helmont on ferments, Santorio on insensible perspiration, Boyle and Mayow on respiration and combustion. Of the nineteenth century, the author reports, among other achievements, the work of Liebig, Voit, Rubner, and Atwater on energy production, Prout's classification of foodstuffs, and the metabolism studies of Bidder, Schmidt, Pettenkofer, Voit, Claude Bernard, and Schoenheimer. The twentieth-century discovery of vitamins which brought basic changes to the "adequate diet" concept is discussed.

The second half of the book is devoted to well-written histories of seven primary nutritional diseases (scurvy, rickets, pellagra, etc). The difficulty of advancing from the concept of parasitic disease to that of deficiency disease is duly emphasized. There seems no point in carping here about what to me are minor omissions (the work of R. R. Williams, the rise of hereditary rickets, etc.). Among the attractions of the book are the short biographical sketches accompanying the discussion of the concepts. The publisher should hire a better proof-reader.

Erwin H. Ackerknecht
Zürich

MICHAEL MITTERAUER and REINHARD SIEDER, *The European family. Patriarchy and partnership from the Middle Ages to the present*, Oxford, Basil Blackwell, 1982, pp. xv, 235, £16.00 (£7.50 paperback).

This survey of family formation and family structure in Europe from the Middle Ages is thoroughly welcome. It synthesizes a mass of secondary literature (without, however, probing historiographical conflict) and at the same time embodies the authors' major researches into family history within the Austrian Empire. Its style is admirably free from the technical jargon of demographic historians and of sociologists, and the translators, Karla Oosterveen and Manfred Hörzinger, have produced a rendering which mercifully is not glued word-for-word to the original German (though its reading is perhaps a trifle loose in places: "farmer" is used too often where "peasant agriculturalist" is meant). Mitterauer and Sieder are free of the naïveté and Whiggism of Shorter and the occasional eccentricities of Laslett (they also lack his brilliance); and their focus on Central Europe is a valuable complement to the francocentricity of, say, Flandrin and the anglocentric approach of Macfarlane. The book's major drawback lies in attempting to trace its subject from the Middle Ages to the present in fewer than 200 pages. This, coupled with a generalizing sociological ambition and a paucity of individual examples, causes an occasional slide into banality – in the modern world, they write, "wives . . . frequently channel their sexual energies into over-mothering grown-up children and grandchildren, or divert them into religious or social and charitable activities".

The title of the English version does the authors an injustice. They are at pains to stress there was no single, uniform, European family. Family forms differed vastly according to region, religion, and economy. Moreover, they insist, *pace* Shorter, there has been no simple unidirectional "evolution" of the family. We are indeed familiar with these points from Laslett and Flandrin, but they bear reiteration. What is relatively new in Mitterauer and Sieder is their patient and

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illuminating account of the “generational family” prevalent in Middle European peasant society in the eighteenth and nineteenth centuries, in which – unlike England – households typically comprised three generations living together, often under the same roof. The authors carefully distinguish this generational family from the largely mythological “stem family”, and show its rootedness in the largely subsistence peasant economy. It is an intriguing thought that this congested familial intimacy characterized the society out of which Freud’s insights sprang!

Roy Porter
Wellcome Institute

TODD L. SAVITT, *Medicine and slavery. The health care of blacks in antebellum Virginia*, Urbana, Chicago, and London, University of Illinois Press, 1981 (first published 1978), 8vo, pp. [xiv], 332, £4.50 (paperback).

For anyone who is interested in slavery, the medical aspects of paternalism and exploitation, the American South, and the practice of medicine in the early nineteenth century, this book is a bargain. For generations, the men who have written about the old South have been content to accept or refute contemporary assertions about the medical characteristics of slaves, and some of the most confident generalizations have rested upon fragile or distorted evidence. Here at last is a book which presents the facts and interprets the evidence in the light of modern medical knowledge. It could be objected that the history of one state is not that of a large and diverse region, but there is a solidity and consistency about the Virginian evidence, as presented by Mr. Savitt, that makes one believe that its conclusions can be applied more widely. One query is worth making. Examples are selected from almost a century and a half; is there sufficient attention to the changes in medical practice and theory? But one should not press complaints about a work which must be recognized as authoritative and may well win a place as a classic of medical history. Nor is its usefulness limited to the study of slavery. Observations and advice were usually based upon the assumption that blacks were medically different from whites, and these differences were important for defenders of slavery; but everywhere they shared the ills and health hazards of the labouring poor. “Physicians and slaveowners were correct in stating that blacks were medically different from whites, but this was only true for certain specific diseases and conditions. For the most part, the illnesses and treatments of blacks were identical with those of whites.”

William R. Brock
Selwyn College, Cambridge