Race is the theme of Chapter 5 as well, but Kim returns to German physicians in Japan, examining their engagement with Japanese culture via the emergent discourse and practices of anthropology. Kim explores the racial theories of Erwin Baelz, an influential figure due to his decades of residence in Japan and wealth of publications. Baelz argued that the Japanese constituted a specific ‘race’ that had emerged as a result of the mixing of three racial types, Korean–Manchurian, Mongol–Malayan and Ainu, and he associated these racial types with not only different regions of Japan but also different social classes. Kim astutely notes that Baelz’s theory of the Japanese race, while largely ignored in Europe, provided a paradigm for future research by Japan’s first generation of physical anthropologists such as Koganei Yoshikiyo and Kubo Takeshi. Both would attempt to ‘empirically’ demonstrate the inferiority of the Korean ‘race’ in relation to the Japanese and thereby justify Japanese colonial rule. Chapter 6 and the epilogue focus on the long-term effects of the encounters traced in Chapters 1–5. Kim argues that the peculiar configuration of the medical profession in Japan – the intense factionalism of medical elites, the privileging of laboratory medicine over clinical practice, the sometimes blind faith in bacteriology, and the close relationship between government and medicine – had its roots in the movement of medical knowledge and personnel between Germany and Japan in the preceding three decades.

There is much to admire in this work, which joins a growing body of literature exploring German–Japanese cultural and social relations. Relatively brief (the main body of the work is 161 pages) and written in a clear and accessible style, it is well suited for classroom adoption. It is, however, not without some weaknesses. While Kim explicitly states that he wants to avoid the ‘great man’ approach to medical history, with the notable exception of the discussion in Chapter 3, famous physicians are at the centre of this account. It would be interesting to learn more about what the sojourn in Germany meant in the long term for the many privately funded physicians who made their way to Germany, if only for a few months. Chapter 6 is largely devoted to a retelling of the dispute over the cause of beriberi and the factionalism in which it was embedded, the subject of Alexander Bay’s recent and far lengthier work *Beriberi in Modern Japan* (University of Rochester Press, 2012). These issues notwithstanding *Doctors of Empire* is an illuminating work that shows how imperial relations of power shaped the medical profession in Germany, Japan and East Asia.

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Maimonides’ treatise *On Rules Regarding the Practical Part of the Medical Art* is a welcome addition to his medical *opera omnia*. It was lost to scholars for centuries before it was identified in the Biblioteca Nacional de Madrid (formerly MS Escorial 888, fols. 109a–123a) by the renowned Jewish scholar Moritz Steinschneider, who initially thought it was simply another copy of the same author’s work *On Asthma*. Upon examination, Bos and Tzvi Langermann, however, discovered that the work was, in fact, a separate monograph. It is composed in Maimonides’ favoured aphoristic (*fuṣūl*) format.
and contains, *inter alia*, some unique advice on serious abdominal wounds, most likely reflecting Maimonides’ own experience with battlefield casualties. The book includes a useful supplement section, which traces connections between *On Rules* and other works by the author under consideration, a glossary of technical terms and *materia medica*, notes to the English translation, bibliographies and a full subject index.

Few secular texts had such an impact on subsequent generations as the Hippocratic *Aphorisms*. They not only influenced medical theory and practice, but also affected popular culture. Maimonides even reports that school children knew some of the more famous Hippocratic *Aphorisms* by heart.\(^1\) According to the Arabic polymath Muwaffaq al-Din ‘Abd al-Laṭīf ibn Yūsuf al-Baghdādī (d. 1231), they constituted the most important Hippocratic text for medical teaching; therefore he, like so many other physicians, composed a commentary on them. Others also remarked that the *Aphorisms* ideally lend themselves to didactic ends: students should study medicine through the *Aphorisms* and the commentaries on them.

Bos and Tzvi Langermann emphasise that ‘there is a basic difference between the “regular” *fusūl* and those found in *On Rules*, and maintain that the latter are clearly far more comprehensive than those in *Aphorisms* 1–25’. This leads them to the, in my view, legitimate conclusion that the *Aphorisms* in *On Rules* were written at the end of Maimonides’ days and the result of a life of ‘learning and practice’. It could, moreover, very well be that these apparently more elaborate and advanced *Aphorisms* were meant, in the first place, for medical practitioners and were incorporated into the scientific discourse and scientific debate of the specific period, whereas the regular *Aphorisms* were chiefly used in medical teaching and training, and may often have been employed as a mnemonic device, a *memoria technica*, by would-be physicians.

Maimonides’ description of the treatment of serious abdominal wounds, in which the intestines have become dislodged, is rather spectacular and has not been described in published studies of medieval texts, according to Bos and Tzvi Langermann. I wholeheartedly agree with this. The procedure sketched is, however, rather odd, even for the standards of medieval medicine. Could it be that the procedure in question was meant as a ‘conversation piece’, which merely served as a vehicle for the broader medical discourse: debate and discussion? I am inclined to believe that this example is not taken from practical medicine, but represents a theoretical model, but I sincerely hope that I am wrong in assuming this. The example given by Maimonides is, in any case, an excellent addition to the existing literature on the topic of war wounds and battlefield casualties.\(^2\)

In section 33, Maimonides questions the rather common practice of advising feverish patients to visit the bathhouse by claiming that in his day and age, no one knows any longer about the effect of the bath upon fevers. Bos and Tzvi Langermann state that Galen had advised feverish patients to visit the baths, and his opinion was repeated by ‘all physicians’. Maimonides, in their opinion, has thrown out Galen’s rule, and instead advises treating the different types of fever by diet or bloodletting. Bos and Tzvi Langermann are slightly missing the point here, because it was already well known in Galen’s time that it was

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dangerous for feverish patients to visit the bathhouse in certain circumstances. It could, for example, severely worsen their condition and ultimately result in death. If we now turn briefly to the beginning of lemma I.4 of Galen’s *Commentary on the Hippocratic Prognosticon* we find that ‘a certain physician took to the bathhouse a young man who had just begun to perspire with a syncope-type sweat. When this sweating grew heavier, the doctor congratulated himself on having acted at exactly the right time, but shortly afterwards his young patient died, and he was accused of having killed him.’ We find the same Galenic anecdote in two other Arabic commentaries on the Hippocratic *Prognostic*: one by Barhebraeus (d. 1286) and the other by Muhadhdhab al-Dīn ‘Alī ibn al-Dakhwār (d. 1230). The latter altered Galen’s text a little and added the fruits of his own experience as a practical physician: ‘The physician was happy in his foolishness, as he firmly believed that a discharge of sweat indicates recovery and health . . . but know that sweat that indicates death has certain signs, and sweat that indicates recovery also has certain signs’. In short, Maimonides knew exactly what the problem was with hot baths and feverish patients, and therefore (cf. section 34) wanted to prevent feverish patients from sweating: ‘When he [the patient] is close to sweating, immerse him in cold water all at once, lift him up quickly, and rub him off immediately with moist towels so that the water goes away’. Maimonides apparently felt a strong need to warn his peers about the application of the bathhouse therapy in the case of strong fevers. Apparently, many of the physicians of his time lost the ability to differentiate between the types of sweat, and were for that reason no longer capable of recognising the signs of life and death.

The Arabic edition and English translation of Maimonides’ *On Rules Regarding the Practical Part of the Medical Art* by Gerrit Bos and Y. Tzvi Langermann is an excellent contribution to the history of medicine of the Middle East. Therefore, I look forward to the forthcoming volumes of Maimonides’ *Medical Aphorisms*, but also to his *Commentary on Hippocrates’ Aphorisms* and *The Regimen of Health*.

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One of the most striking passages in Daniel Pick’s *The Pursuit of the Nazi Mind* describes the scene at Nuremberg when the Allies were preparing to try the Nazi leadership for their crimes. While much of Europe and the city of Nuremberg itself lay in ruins, ‘the idea of due process and of civilized deliberations reigned in the courthouse’ (170). Like the legal proceedings in Nuremberg, much of what followed World War II was about restoring perceived rationality and order to a world that seemed to have gone mad. As Daniel Pick shows, psychologists were part and parcel of this effort to combat Nazi terror and restore order and civilisation after the war. Fascism, for psychologists, represented a society-wide mental breakdown whose roots lay in individuals’ inner fears and fantasies.