Book Reviews


This attractive little book is presented as a detective story. Keel uncovers and then unravels a minor mystery – who was the English source of Pinel’s ideas on the inflammation of membranes? He uses this particular question to approach a general and important issue – how do we account for the birth of anatomical medicine?

The Englishman in question was J.-C. Smyth, pupil of Cullen, associate of William Hunter and of Pringle, son-in-law of Monro secundus. This representative of British medical enlightenment, in 1792, distinguished between inflammation of serous membranes and inflammation of mucous membranes. Pinel picked up the distinction in his own work on membranes and so provided one of the key themes of Bichat’s tissue theory. This in turn was central to the new medicine of Revolutionary Paris. So we move from a passing reference in Pinel to a general comparison of British and French developments.

The predominant explanation of “anatomical” or “hospital” medicine has relied on studies of the French case. Several major authors have emphasized the anatomical approach of the French surgeons and the philosophical background of medical science (Condillac’s method of analysis). They have focused on the Revolutionary upheaval, which broke the traditions of an older physic and raised a unified medicine based on hospital practice. Keel argues that anatomical medicine required no pre-conditions peculiar to France. He sees the British voluntary hospitals, plus the anatomy schools, as providing all that was required.

Since this book appeared, Keel has also undertaken studies of the German states to develop his general argument that anatomical medicine was appearing in several centres because the social conditions necessary were widespread in Europe – surgeons were rising, physicians were taking note, new or re-organized hospitals (and/or military camps and/or prisons) were providing “case material”.

The questions raised are many and stimulating. The social history of medicine should be as international as its intellectual history. But we need comparison not conflation; the national traditions were different enough to afford a whole series of nice comparative studies. We need to know more about how hospitals were used for teaching in Britain – we cannot assume that medicine in hospitals was necessarily “hospital medicine”. If British arrangements produced or could have produced “hospital medicine”, why was it seen as a French invention, and imported to Britain in the 1820s by students returning from Paris? Why did the French and German developments of anatomy and pathology come to supersede the Hunterian tradition as London anatomical teaching moved into hospital and university schools?

Some would argue that the Parisians, because of the Revolutionary restructuring, formalized the new ideas more systematically and thus gained international influence. Others might see “formalization” as the fundamental shift, the rebuilding of medicine on new foundations. The latter will not wish to deny that British surgery was powerful and was penetrating medicine; but they may see in the neglect of Smyth the strength of contrary traditions. Keel fails to explain this neglect because he deals chiefly in “good ideas”. But “good ideas” alone do not restructure fields. The work of Smyth is evidence that some of the pre-conditions for anatomical medicine were fulfilled outside France, but this is only a beginning.

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In the first half of this interesting study, the author offers the “pathocensus” (“les états pathologiques au sein d’une population déterminée dans le temps et dans l’espace”) of the French Basque region in the eighteenth century. There were no catastrophic epidemics (the last plague outbreak here had occurred as early as 1550), and, although precise quantification is