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detail” that Hunter has unearthed. A respect for detail is not the monopoly of historians, nor indeed of historians of a certain methodological tendency. Yet an ambition to arrive at an account which captures “full historical complexity” is—dare one say it—“naive”.

Steven Shapin, University of California at San Diego


Readers who assume from the title that this is a structured history of Scotland’s oldest Medico-Chirurgical Society will be sadly disappointed by this compilation of essays, which, although intended to update and complement J. S. Riddell’s 1922 history of the Society, makes no attempt to provide either a chronological or thematic account of developments during the two centuries of the Medico-Chirurgical’s existence.

One of the principal features of the volume is its concentration upon some of the leading figures connected with Aberdeen medicine during the past 200 years. More than a third of the chapters are devoted to biographical essays on such luminaries as Naughton Dunn (commemorated in the Naughton Dunn Memorial Trust, which is administered by the Society although he was never a member), Matthew Hay, Andrew Moir, Sir Ashley Mackintosh, Sir Alexander Ogston and David Rorie of Cults, author of ‘The Lum Hat Wantin’ the Croon’ and revered as the Poet Laureate of the Society. Not surprisingly, several authors make extended reference to Sir James McGrigor, credited with being the key figure in the foundation of the Aberdeen Medical Society in December 1789 by a group of medical students and subsequently the first Director General of the Army Medical Department.

While some contributors do treat of events which have a significance beyond the merely parochial—such as Iain Levack’s investigation of early anaesthesia in Aberdeen, or J. M. Stowers’s account of Aberdeen’s place in the history of diabetic research and progress (which confessedly leans heavily on Michael Bliss’s *The discovery of insulin*)—a number of the others are decidedly esoteric in their appeal. In this regard one need look no further than the description, originally published in 1933, of the Eskimo kayak that has been in the possession of the Society for more than a century, or the story of the snuff mill appropriated from the Garioch and Northern Medical Association.

The quality of the individual chapters varies considerably and, despite the scholarship and antiquarian charm of some of the essays, one is left with the feeling that an opportunity has been lost to place on record a more considered assessment of the place of the medical society in modern medicine.

Derek A. Dow, University of Glasgow


The late A. D. Morris spent most of his career practising in Shoreditch, so it is perhaps not surprising that he devoted his retirement years to investigating the life of Hoxton’s most eminent medical man, James Parkinson (1755–1824). As one would expect, Morris’s biography, skilfully edited by F. Clifford Rose, devotes considerable attention to Parkinson’s work on *paralysis agitans* (Charcot came up with the eponym, “Parkinson’s disease”). Parkinson is justly credited as being amongst the earliest to view its varied symptoms as an authentic clinical syndrome; and the quality of his observations of the disorder may be judged from the text of the *Essay on the shaking palsy* (1817), here reproduced. Parkinson’s other contributions to medical and scientific investigation also receive due note. His *Chemical pocket-book* (1800) was widely used as a compendium of practical chemistry, his *Organic remains of a former world* (3 vols., 1804–11) was, in its day, the most comprehensive
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English-language account of fossils (Parkinson was a reconciler of palaeontology with the Scriptures), and his Observations on the nature and cure of gout (1805)—a work largely derived from personal experience—astutely treated the disease as a constitutional disorder due to excessive acidity. Morris’s accounts of Parkinson’s medical and scientific ideas are well-informed, and avoid claiming too much for his subject’s achievements.

The true strength of this admirable biography, however, lies in its contextualization of Parkinson’s medical practice within his wider outlooks and activities. As Dr Morris’s researches reveal, in the 1790s in particular, Parkinson was a leading metropolitan political radical, a doughty member of the London Corresponding Society, a campaigner for universal suffrage and annual parliaments, and a valiant defence witness in some of the show trials of the decade. Surely as a consequence of these political sympathies, Parkinson devoted much of his life to conscientious performance of the office of parish doctor for Hoxton, and the great bulk of his medical writings comprise advice books directed at the laity (from the barely literate up to the middle classes), instructing them, in plain language and with graphic illustration, on health maintenance and simple medical self-care.

Here Dr Morris might have drawn more attention to a certain ambiguity in Parkinson’s stance. As a political reformer, Parkinson was undoubtedly a democrat and a man of the people. As a dispenser of medical advice, a strand of professional authoritarianism may, by contrast, be detected. For Parkinson deplored the excessive confidence in lay self-treatment that he believed William Buchan’s Domestic medicine dangerously instilled; Parkinson wanted the common people to develop skills in symptom-identification, not so they could treat their own disorders, but primarily so that they might more speedily consult a practitioner. The one minor scandal that blotted Parkinson’s career reveals the same cast of mind. In 1810, Mary Daintree took out a writ for wrongful confinement in a madhouse; Parkinson had been the certifying doctor. Parkinson successfully defended himself against the charge that he had taken her insanity solely on trust from her relatives, but, in defending himself in print, insisted rather vehemently that physicians must be accepted as the sole competent judges of mental health. The interplay of social radicalism and professional elitism found in Parkinson’s writings would repay further study.

This is a well-researched and rich-textured study of a neglected figure. Aside from a plethora of misprints (we find W. H. Bynum and W. B. Bynum but never W. F. Bynum), it is well-produced and nicely illustrated.

Roy Porter, Wellcome Institute


“The relationship between the anatomist and the anatomized” Ludmilla Jordanova writes in this provocative and stimulating book “is quintessentially gendered” (p. 104). The observation is only one of a number of striking claims that readers will be forced to take seriously. Sexual visions is an exercise in cultural history in which Dr Jordanova explores how gender is something rather more than a series of culturally-endorsed sexual differences. For this familiar category is itself constructed from a number of assumptions which pervade and create all sorts of other human activities. To simplify somewhat, these assumptions are dichotomous, for example, male/female, culture/nature, powerful/powerless, and subject/object. Dr Jordanova takes these assumptions and shows how through the mediation of science and medicine they underpin fairly obvious distinctions, such as eighteenth-century concepts of sex roles in which women are equated with, for instance, custom, learning from kin and daily care, and men with philosophic knowledge, learning from experience and superintendence. Dr Jordanova goes on from this, however, to tease out the gendered nature of matters rather less obviously sexual: dissection, the historical writing of Jules Michelet and Metropolis. A final chapter explores ‘Medical images of the female body’. It is here Dr Jordanova allows herself her one joke. The