

**José Pardo Tomás**, *El médico en la palestra: Diego Mateo Zapata (1664–1745) y la ciencia moderna en España*, Estudios de historia de la ciencia y de la técnica, no. 25, Valladolid, Junta de Castilla y León, 2004, pp. 456, €25.00 (hardback 84-9718-252-9).

That few figures in early eighteenth-century Madrid were as unconventional as the physician Diego Mateo Zapata makes his professional and social success all the more remarkable. He was, to begin with, of Jewish background. What is more, the Inquisition tried him twice, in 1691 and 1721, for secret observance of rites such as Purim. Despite the weighty evidence against him, he nevertheless managed to get off lightly and eventually returned to practice medicine close to court circles. (These episodes of persecution would not be forgotten; a century later one of Francisco Goya's drawings sympathetically depicted Zapata as a prisoner in chains.) The physician's *marrano* background and occasional crypto-Judaism were so far from being a secret that they gave rise to another source of public embarrassment. Madrid's rumour mill assured that it was known about town that a botched circumcision had left him virtually castrated. The delight that his many enemies took in taunting him as a "capon" was merely part of the rougher side of early modern medical polemics. And in this no holds barred context, Zapata gave as good as he got.

It was indeed thanks to such exchanges that Zapata forged his reputation. He arrived in Madrid around 1686 as a licentiate in medicine—his lack of "pure blood" ensured that he would never receive a higher degree, nor certification by the *Protomedicato* (royal licensing board). Thanks to help from fellow "New Christians", he found work at the city's general hospital. He quickly began to make a name for himself by publishing attacks on several senior physicians, including prominent figures at court. His early work defended Galenist physiology, and roundly opposed belief in the circulation of blood, a doctrine that was slowly making headway in Spanish medical circles. By 1701, however, Zapata had gone over to the opposite side. Lauding the "new medicine",

including the circulationist theories he had previously rejected, his works now trumpeted "practical studies of diseases" through recourse to "experience" (*viz.* anatomical and "chemical" experiments). At the same time they promoted a vaguely Baconian programme critical of the Galenist and Aristotelian syllabus then taught in the universities. The rest of his career—he was active until his death in 1745—was marked by further controversies. In addition to his struggles with the Inquisition, he also tangled with his fellow physicians over a host of practical and theoretical problems, ranging from the protocol of consultations among medical personnel to the theological dilemmas posed by caesarean sections.

Pardo highlights numerous general lessons that one can learn from this admittedly singular case. First, his careful reconstruction of the intricacies of the debates in which Zapata participated shows how hard it is to draw clear lines separating different schools of medical opinion. Earlier interpretations that pitted a handful of quixotic *novatores* against the traditionalists overseeing the windmills of the academic establishment are here revealed to be at best an over-simplification of a much more complex situation. Specific public arguments—including Zapata's own shifts of opinion—often disguised bids for favour and protection from equally voluble patrons. The more important among these included not just the heads of leading aristocratic families, but also the coterie of royal physicians that controlled licensing as well as most of the major medical posts. The monarchy's role in promoting the "new" science is another myth that Pardo takes on. The arrival in 1700 of the new French dynasty did indeed introduce some fresh air into the brackish backwaters of Spanish medicine. However, this book provides fresh evidence in favour of the growing consensus that this change was well under way before the Bourbons reached Madrid, and that Italy was just as important as France as a source for the innovative currents with which Zapata eventually cast his lot. Finally, the author has especially illuminating things to say about the nature of medical practice during this period of transition. Of particular

interest is his analysis of the *consultas*, or formal opinions, whose abundant circulation in manuscript or print form constituted the most important form of debate among physicians in larger cities such as Madrid or Seville.

This is a thoroughly researched and highly suggestive study of a wide range of significant issues. It deserves a wide readership.

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**Christopher Booth, *John Haygarth FRS: a physician of the Enlightenment (1740–1827)*,** *Memoirs of the American Philosophical Society*, vol. 254, Philadelphia, American Philosophical Society, 2005, pp. xv, 169, illus., \$60.00 (hardback 0-87169-254-6).

Biography of the so-called “great men” of medicine has frequently been disparaged by academic historians—especially when the author is a retired clinician. This has often been justified, as some of the works are mere collections of readily available facts with no synthesis and little understanding. Whiggish hagiography is easy to write. But good biography is important. Those who would try to understand the fundamental trends of the past and interpret them for today must know about the protagonists and be able to rely on accurate scholarship about them. The skills that the experienced clinician biographer brings to the work are very similar to those he used with his patients. The collection of primary source material (clinical examination, x-rays and pathology results), formulating the hypothesis (diagnosis) and then testing it (the treatment and follow up) is little different to the technique of a trained historian.

Haygarth was a “great man”. A true child of the Enlightenment, he had a wide circle of correspondents and friends including William Cullen, John Fothergill, Sir Joseph Banks, William Heberden and, across the Atlantic, Benjamin Waterhouse. He became an extremely busy physician in Chester, where he demonstrated that it was easier to put ideas into practice than in London. Thus he formulated a

plan, which was in a great measure successful, to eradicate smallpox in the town by inoculation. Later, he wanted to extend the plan nationwide, but nothing came of it, and shortly afterwards vaccination was promoted. On the basis of his own experiments, he believed that fever was contagious. He set up fever wards for the poor in the local infirmary, and this work laid the conceptual foundations for isolation hospitals.

At the age of fifty-eight he retired from clinical practice and went to Bath, the city of Jane Austen, Edward Jenner and Caleb Hiller Parry. For some years the Bath Philosophical Society met in his house. He turned his attention to literary work based on the mass of clinical notes he had made. This led to further publications on fever, rheumatism, and, possibly unwisely, he entered into the virulent controversy in Philadelphia as to whether what we now call yellow fever was endemic or imported from the Caribbean.

Perkins’ Tractors had become the fashionable cure-all among the valetudinarians in the town, and Haygarth exposed Perkins as a fraud and made sure that the deception was widely exposed.

True to the spirit of the age, he engaged in philanthropy. A devout Anglican, he was always interested in education for the poor and, having been a governor of the Blue Coat School in Chester, he proposed that a similar scheme could be introduced in every parish in England at very little cost. In his later years his other great interest was in devising and setting up the Bath Provident Institution as a savings bank for the benefit of the thrifty and industrious.

This study is not only a delight to read, but it will be of great value to many researchers. Anybody looking at the genesis of the understanding of fever, medicine in small town Georgian England, the history of smallpox, the transatlantic passage of medical knowledge, education for the poor and the start of the Friendly Society Movement will find something of value. Those interested in Booth’s previous work on the medical connections of the Yorkshire Dales will not be disappointed.

The book is well produced and impeccably referenced. Booth, a true clinical historian, has made his case that Haygarth’s name should be