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A paper by D. M. Krikler points out that when graphic techniques such as sphygmography were first introduced, they were not applied at once to cardiac irregularities. Of crucial importance was the invention of a practical form of electrocardiogram. A major role was played by men at University College Hospital, e.g. Lewis, Cushny, and Starling.

Arthur Hollman's history of bundle branch block appropriately recalls Harvey's naked-eye observations of the dying heart in experimental animals. Attention is called also to the suggestion of von Leyden (1868) that contraction might occur in one ventricle alone, and to early ECGs of experimental bundle branch block (1909, 1910). Necessary emphasis is placed on Thomas Lewis's incorrect localization and on clarifications by subsequent investigators.

Burch's paper on vector cardiography, presented in Leiden in 1977, is the work of an acknowledged master. It recalls the basic work of Horatio Williams, Mann's monocardigram, and the ultimate application of the cathode-ray oscilloscope. Proper emphasis is accorded to the difficulties, especially the lack of a universally accepted frame of reference and the even more vexatious problem of the real value of the vectorcardiogram. Burch describes an area of research that has been strongly attractive to theoreticians and remains in advance of practical usefulness. He says little about possible relation between VCG and recent advances in physics and mathematics. This deficiency is compensated in part by a series of twenty-one footnotes on pp. 128–129.

An essay by Wray, Eisner, and Allen considers the foxglove and wisely includes the pre-Withering era. Withering's research is examined, but we are not told how his turkeys were used in experiments. Withering's principal contribution is seen to be his formulation of guidelines for the use of the drug. Much important information is given about later developments, especially the theory of inhibition of the sodium-potassium pump.

An essay by Finlayson, 'Ischaemic heart disease, aortic aneurysms, and atherosclerosis in the city of London, 1868–1982', can hardly receive adequate analysis in a brief review. A judicious and valuable consideration of autopsy statistics leads Finlayson to the surmise that "apart from the increasing age of the population . . . an additional factor has triggered off the epidemic of coronary heart disease, and possibly yet another factor has caused the more recent and more modest increase in abdominal aortic aneurysms." His suspicions point toward tobacco and hydrogenated margarines. Chronic medical historians will be interested to compare Finlayson's research with Lancisi's.

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KATHARINE PARK, *Doctors and medicine in early renaissance Florence*, Princeton University Press, 1985, 8vo, pp. xii, 298, £33.40.

Katharine Park has written an excellent book that contributes equally to medical history and to Italian renaissance studies. Florence was a good choice. For, if it was not the richest city in Italy, it did have highly-developed forms of civic organisation which structured the political, social and economic lives of its citizens. The city has left us a huge collection of records and they allow us to recreate its histories in the fourteenth and fifteenth centuries, its collectivities such as guilds and confraternities, and its individuals and their relationships, much more fully than is possible for most other cities. This rich treasure has attracted a stream of able historians such as Gene Brucker, David Herlihy, and Christiane Klapisch. Park has joined their ranks, and her elucidation of the profession of medicine in the city will add one more piece to the research programme on renaissance Florence.

Her findings are novel and important for the history of medicine. In Florence, the medical marketplace was not made up solely of individual buyers—corporate demand was just as significant. The city and institutions such as hospitals, religious orders, and confraternities gave regular employment to doctors, and a salary from, say, the prison service or seasonal employment in the army could provide as much income as private practice. Florence, in other words, had a well-developed infrastructure of health care. This perhaps is not so surprising, for we have been prepared by Cipolla's work on plague and public health to view Italian cities as having much more sophisticated and comprehensive health systems than the rest of Europe. The

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crucial point made by Park, however, is that it was not the professionalization of medicine that led to “a system of medical practice sophisticated enough to meet the needs of the population as a whole”, but “At least in northern Italy, the institutional order of medical practice seems to have constituted itself more quickly than the profession and to have been less disrupted by the Black Death (p. 239).

The Guild of Doctors, Apothecaries and Grocers is central to the book. Park perhaps relies too much on the model of modern professions (from old-fashioned functionalist sociology) but, nevertheless, she demonstrates how the Florentine doctor was organized within a group that had much looser boundaries and greater inclusiveness than later North European counterparts. Empirics, bone-setters, poultice doctors, surgeons, as well as apothecaries and physicians, were included in the Guild. The work of Webster, Pelling, Porter, and others has indicated that in Britain the majority of medical practice lay outside of the regulatory reach of bodies such as the Royal College of Physicians. Park’s detailed and lucid account of the Guild shows that it incorporated in itself what British historians have described as “regular” and “irregular” practitioners. Clearly, some of the generalizations of proto-professionalization based on English and French examples will have to be drastically modified.

Park charts changes within the community of doctors. The Black Death and the perceived failure of medicine lowered its attraction as a career for the Florentine citizen. Immigrants from the Florentine countryside or from farther afield came to make up the numbers. This meant that fewer doctors had political influence within the Guild and the city. On the other hand, the apothecaries, who often employed doctors in their shops to prescribe their remedies, formed part of Florence’s oligarchic élite.

This book is much more than a history of an occupational group. Park brings constantly to her discussion of the employment, wealth, poverty, and geographical and social origins of doctors, a string of graphic examples drawn from the lives of individuals. She also looks for motivation and shows how references to *utile* and *onore*, *denari* and *fama*—money and reputation—were used by fathers to spur on sons and how, visions of today, a university career could bring in *onore* but seldom *denari*.

The book has some weaknesses, Park was perhaps too tied in to the Florentine research enterprise to free herself from the oldish view of social structure that seems to be the norm amongst her fellow historians; there should have been more comparisons with the rest of Italy and Europe, and more attention could have been paid to empirics. However, these are minor points. The book is outstanding in throwing light on a hidden area of medical history. It is also important because it shows how many different types of history can be effortlessly integrated: social, political, economic, individual, and also intellectual. Park’s account of the liveliness of scholastic medicine and of the intellectual and literary interests of Florentine doctors should be studied by some social and intellectual historians of medicine who see their respective approaches as having no common ground.

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OLIVER R. IMPEY and A. G. MACGREGOR, *The origins of museums*, Oxford, Clarendon Press, 1985, 4to, pp. xiii, illus., £60.00.

Taking issue with Voltaire, Lynn White once concluded that history was a bag of tricks which the dead had played upon historians. White was appealing for more use to be made of non-literary sources—of so-called “material culture”—to avoid the writing of history only “as it was viewed by the small and specialized segments of our race who had the habit of scribbling”. But the material culture that formed the subject of the Ashmolean Museum’s tercentenary symposium in 1983—the curiosity cabinets, *Kunstkammern*, and *studioli* of sixteenth- and seventeenth-century Europe—which were put together by small and specialized segments of our race who had the habit of collecting, scarcely provide us with a more egalitarian account of the past. And some of the cabinet collections would indeed seem to be veritable bags of tricks, defying the historian’s efforts in the manner of the best practical jokes.