

Book Reviews

Joël Coste, *Les Ecrits de la souffrance: la consultation médicale en France, 1550–1825* (Ceyzérieu: Champ Vallon, 2014), pp. 272, €25, paperback, ISBN: 978-2-87673-973-4.

This book by Joël Coste tries to fill a gap in the medical historiography of Early Modern France. Indeed, studies specific to medical correspondence are extremely rare; it is what makes the book all the more invaluable. A specialist of the *consilia*, the epistolary consultations which date from the Renaissance to the eighteenth century, Professor Coste has produced a new, quality volume which will be extremely useful for scholars. But, contrary to appearances, the selected sources do not really help us to better understand the famous point of view of ‘*from below*’, formerly described by Roy Porter¹ these texts, printed or handwritten and unpublished, expose individual pathological cases from which one or more experts were to express themselves. With the reading of this unexplored corpus, one thus learns how the physician addressed his fellow-members and, indirectly, his patient. Hundreds of studies have been compiled and printed from the sixteenth century, as it is the case for Fernel. Here, it considers especially the Age of Enlightenment, with the collections of Barthez, Dumas and especially Thieullier, whose ‘*recueils*’ were, at the time, supposed to guide the students and the young doctors but also the accomplished experts. Coste also uses numerous *consilia* manuscripts from the BIU (medicine faculty libraries) of Paris and Montpellier.

The initial point of Coste is the following: the art of consultation was never really codified if it was not starting from more-or-less famous examples which, in their way, held the place of the model to follow. Then, remarkable epistolary consultations played this part. However, this source, which was neglected for a long time by the historians, represents a mine in the study of the ‘Hippocratical triangle’: in another words, the strategic relation between doctors, illness and patients. One can observe the vocabulary and the argumentation there deployed to describe, and then to explain, the reported syndromes. The content varies little from Esculape’s writings: first of all, one describes the clinical signs, then one contextualises (previous states, age, profession, environment, etc.) and finally one proposes treatments, while sometimes avoiding the formulation of a too-alarming diagnosis in cases considered as desperate. Thus, one can also foresee the power struggle between doctors and their patients through letters which sometimes censure and sometimes dramatise the physical weaknesses of the patients. The path followed by the author consists in studying all the facets of these epistolary consultations, and sometimes real dissertation abstracts, even if we ignore the majority of the answers and thus the supposed success of the advice. But, in many cases, the documents are quite sufficient to show all the subtleties of the epistolary consultation. Very frequently, these small flavourful reports are true cries for help. They try to offset weak competences of the appointed doctor (in cause of despair, one claims the opinion of a third because the relevance of the attending physician is considered to be insufficient). The objective is sometimes to ask a medical celebrity or a colleague considered to be effective and worthy of confidence. But it is not completely clear, and it is sometimes appropriate, according to the nature of the symptoms, to censure the description of the state of the patient. Decency, reputation and medical

¹ Roy Porter, ‘The Patient’s View: Doing Medical History from below’, *Theory and Society*, 14, 2 (1985), 175–98.

confidentiality oblige, when it concerns – as is often the case – genital or urinary disease. Coste successfully underlines that the writing of *consilia* can be linked with a poetic or literary approach: the medical expert writes the *private history* of a patient, as a worthy heir to Hippocrates; he selects words and suitable expressions according to the recipient (an esteemed fellow-member will always learn more than the patient to whom the physician directly answers) and he adds rhetorical effects to the description of the symptoms, which bring him to regard himself as a true *author* (and thus a rightful *authority*) adapting a poetic and/or scientific register according to the circumstances. He replaces the evocation of the suffering of the patient with an account, but not a tale, including narrative passages, making a report which is supposed to have an optimal scientific level. These complaints and confidences are summarised in ‘écrits de la souffrance’ (*writings of suffering*, the obvious title of the book), though can anyone really estimate the distortion caused by the editorial work of the ‘man of Art’ whose point of view is still from above?

In fact, many stereotypes of the history of medicine yield to Coste’s meticulous work: Is the assistance provided to the patient often personalised according to his social status and environment? Can the search for a proof often readable in these consultations, which are not satisfied with simple conjectures – be only an effect of the selection process made before publication? Even if this corpus cannot provide valid conclusions for the whole practice, which is obvious, it makes it possible to redirect, partly, current research towards a much more flexible approach towards the therapeutic relationship. Coste uses the word ‘*interaction*’ to describe the anthropological relationship between doctor and patient, although the standards, the uses, the randomness and sometimes the unforeseeable events of the cure prohibited excessive formalism. Contrary to a global approach, and thus diminished, the book comprises many assets: the treatment of the manuscripts and the printed consultations allows in particular a quantitative approach of the diseases mentioned, the profile of the applicants or types of assumption of responsibility and even the thinking styles. On this point, the mode of justification used by the doctors is deeply explored – but truly, did it differ basically from that adopted in the classical scholarly treaties? – and the ordered treatments illustrate perfectly the early modern therapeutic universe with its frequent adaptation according to the requests of the patients themselves.

Scholars, however, may have liked to learn more of the scientific networks and the sociability of the physicians between them: What determined the choice of the correspondents? Was the role of the medical doctrines (Paris versus Montpellier, Galen versus Hippocrates, new nosologists versus others) a plausible factor? Were these collected letters then used as material intended to help some physicians during the writing of later medical treaties? If the book does not answer these questions, it nevertheless remains an important new reference and an excellent resource on the history of French medical practice, thanks to an effective bibliography, an appendix comprising twelve *consilia* and an extremely useful index for non-specialists.

Stanis Perez

Maison des Sciences de l’homme, Paris-Nord, France

doi:10.1017/mdh.2016.60

Alison Bashford, *Global Population: History, Geopolitics, and Life on Earth* (New York: Columbia University Press, 2014), pp. I–XII, 1–466, ISBN: 978-0-231-14766-8.

‘Think big’ is a cliché you hear time and again in this globalised world: think big in order to succeed in your career, to become leadership quality or to save the world. Bashford’s