

No one with a general knowledge of the history of psychiatry will find big surprises awaiting them in this volume. Its editors have chosen topics that move through well-known narratives of institutions, state-funding, trends in non-state philanthropy, vogues in the provision of psychiatric health service, knowledge transmission in central and peripheral locales, and finally to questions of voluntary and involuntary assimilation. All but one of these studies adopt a transnational or international line of analysis. To those familiar with the history of psychiatry, most of the actors, institutions, practices and locations – excepting Pamela Michael’s fascinating study of interwar Welsh psychiatry – will be well known. There are, of course, some exceptions: while most essays utilise figures like Emil Kraepelin and Adolf Meyer to illustrate their stories, other lesser known figures do appear for an in-depth consideration, as for instance, Louise Westwood’s examination of the English psychiatrists Helen Boyle and Isabel Hutton. But in fact the strength of this collection derives specifically from this familiarity. Because there is no need to pore over the hoary details of institutions and organisations such as Yale University, the Maudsley Hospital, the Rockefeller Foundation, and the US or UK National Committee of Mental Hygiene (founded in 1909 and 1922 respectively), readers are allowed to think through the fresh contentions offered by an international focus, or, in the case of Mathew Thomson’s rather clever *en passant* study of mental hygiene in Britain, those trends towards isolationism that limited the role of outside influences.

International Relations in Psychiatry is self-evidently a useful, interesting, and important volume. The essays are short and snappy, would be useful for undergraduate teaching, and most of them would be of interest to non-historians curious about the history of mental health, psychology, psychiatry and neurology. Where the collection raises the most questions is in its limit to the peculiar geographical constellation of Britain, Germany and the United States. The word ‘Rapollo’, for example, doesn’t make a memorable cameo. Indeed the Soviet Union barely appears even as a foil in these studies. The apparent desire of some of the authors to mention but downplay Americanisation appears predicated more upon the volume’s choice of chronology than it does on any appreciable historical generality. These are, of course, pedantic criticisms. *International Relations in Psychiatry* is a very good book and there is much to be gained from reading it closely.

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James Shaw and Evelyn Welch, *Making and Marketing Medicine in Renaissance Florence*, Clio Medica 89/The Wellcome Series in the History of Medicine (Amsterdam: Rodopi, 2011), pp. 356, £65, hardback, ISBN: 978-9-0420-3156-2.

This well-crafted study uses the extensive account books of a thriving Florentine pharmacy, the Speziale al Giglio, to shed light on the Renaissance medical marketplace. Drawing on forty-nine shop registers running from 1464 to 1598, the authors present a detailed analysis of apothecary clientele, their consumption patterns, the popularity of particular medicinal wares and other products, and the credit relations governing purchases. At the heart of the study are the data culled for a one-year period, from August 1493 to July 1494, encompassing the purchase of over 16,000 individual items in nearly 12,000 transactions by 2,247 clients. From this massive but disparate evidence, the authors draw important conclusions about Renaissance commercial culture and the ways that ordinary Florentines managed health and illness.

Part one, 'Selling Health', situates the shop in its urban and commercial contexts. Founded in the 1460s, the *Speziale al Giglio* functioned simultaneously as a sales outlet, a distribution point for medical advice, and a production site for making medicines. The *Giglio* dealt in a wide range of goods – medicinal simples, oils, spices, honey, wax, distillates, manufactured products such as syrups and plasters – some of which were obtained from clients and suppliers as payment in lieu of cash. The shop thereby functioned as a brokerage that facilitated both the petty exchange of commodities and the bulk distribution of goods. As the authors note, this intricate exchange network significantly affects the historical reading of apothecaries' inventories. Snapshots of commercial stock often over-represent commodities enjoying a long shelf-life that were stockpiled for future use, while underestimating the importance of products having a limited shelf-life, such as compound drugs and prescription medicines made on the spot.

Part two, 'Customers and Credit', considers the people who frequented the *Giglio* and how they obtained credit – a key form of trust. Most Florentines did their everyday shopping on credit, but credit played a particularly important role in the medical sector, since treatment often placed an urgent, unexpected burden on household budgets. Shop credit was not available to all; rather, it hinged on a combination of wealth, status, and personal connection to the apothecary. The *Giglio* records make clear that business decisions were deeply bound up with social relationships and a high degree of inter-connectivity: who a client knew and how he knew them influenced the apothecary's willingness to extend credit. The authors usefully distinguish between 'crisis' clients (mainly poor artisans, labourers and servants who established accounts only in times of need) and 'habitual' clients, who regularly patronised the shop to purchase luxury items as well as medicines. What marked elite consumers was less their access to medicines than their avid consumption of sugar, sweets and spices.

Extending credit meant that apothecaries accepted financial risks. When recovering unpaid debts, the *Giglio* apothecary tried to reach negotiated settlements that allowed established relationships to continue. Rather than forcing clients to repay their entire balance in one fell swoop, the *Speziale al Giglio* preferred to set up repayment schedules that managed the debt over time. This approach proved pivotal to success in the intensely social apothecary trade of fifteenth-century Florence.

The final part of the study, 'Products', examines the shop's best-selling items – wax, sugar and spices, medicines – both as individual categories and in relation to each other. This section advances our understanding of Renaissance healthcare in important ways. Many historians have argued that medicines formed a relatively unimportant part of the apothecary's trade. By contrast, the *Giglio* evidence clearly demonstrates that medicines, mainly in the form of purges, syrups and electuaries, were 'the most important class of goods for retailing', constituting forty-two per cent of sales *c.*1500 (p. 159). This figure exceeded sales of wax products, such as candles and torches for funeral rites, which accounted for twenty-eight per cent of retail sales, as well as foodstuffs (in the form of sweets), which represented twenty-five per cent. Medicinals provided a steady income for the shop, whereas demand for wax was more irregular. Importantly, because many remedies incorporated sugar, whose price declined in the late fifteenth century, medical treatment introduced middle-class Florentines to sweets. Medicines thus not only served the sick but also helped to construct taste and influence broader consumption patterns.

Still, rich and poor had access to a different range of pharmaceutical products. Costly purges might include rhubarb, manna, musk, and powdered gems; poorer customers settled for purges concocted from less expensive ingredients. A wide range of alternatives

existed even within the category of store-bought medicines – a fact that challenges a simple dichotomy between ‘popular’ homemade remedies and those manufactured by professionals. Rounding out the volume is a brief epilogue that sketches the Giglio’s evolution in the sixteenth century, along with a useful glossary of terms.

This detailed study of a single Florentine apothecary shop offers valuable insight into the extent to which commercial culture conditioned the everyday management of health and illness in a vibrant Renaissance city.

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Gordon M. Shepherd, *Creating Modern Neuroscience: The Revolutionary 1950s* (Oxford: Oxford University Press, 2010), pp. 291, £40.00, hardback, ISBN: 978-0-1953-9150-3

The thesis of this book is that it was during the 1950s that the multiplicity of disciplines that constitute modern neuroscience first came together to achieve a measure of coherence. This is not an especially original or contentious claim. However, few, if any, have spelt out the case as clearly and coherently as Shepherd. He lists the key concepts and fields that were established during this decade, including the action potential, neurotransmitter systems, neuroendocrinology, and membrane physiology. The 1950s were also when the foundations of modern brain imaging – with all its implications both for clinical neurology and for basic science – were laid. Moreover, the growing knowledge of brain chemistry acquired at this time made possible the first attempts to devise pharmacological remedies for a range of psychiatric conditions.

The origins of this book lie in a course on ‘History of Modern Neuroscience’. This source is especially evident in the first chapter, which reads very much like a set of lecture notes. Overall, Shepherd adopts a broadly biographical approach to the subject. He is not embarrassed to embrace a ‘great man’ – along with the occasional great woman – view of the history of science. He is writing of an epoch in which, in his view, ‘giants walked the earth’ (p. 219). Shepherd was acquainted with many of the leading figures discussed in the book, and the text is sprinkled with personal anecdotes and reminiscences. Shepherd admits that the institutional context within which these individuals operated is, on the other hand, largely overlooked in his account.

This all makes for a readable and engaging narrative. The technical details are carefully explained with little background knowledge assumed of the reader. Some explanatory figures embedded in the text might in places have added further clarity. There is a clear bias in Shepherd’s survey toward the cellular and molecular aspects of neuroscience, with less attention to ethology and psychology.

Shepherd’s account of some of the fields he discusses would have benefited by reference to the existing secondary literature. For instance, Kenton Kroger’s *The Sleep of Others* (Toronto: University of Toronto Press, 2007) is clearly relevant to the section on Eugene Aserinsky’s research; while any discussion of twentieth-century cognitive science needs to engage with Margaret Boden’s monumental *Mind as Machine* (Oxford: Oxford University Press, 2006). Shepherd seems to be aware of the limitations of what his book offers.