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Browne's history challenges us to come up with underlying social explanations. Why the contemporary mania for naming and "stationing" new species? – so common an activity seems to defy questioning. William Kirby once said that naming was possessing, but it is surely too simplistic to see the enterprise as capitalist expropriation writ large (even knowing Wallace's need to tag and price each specimen to protect his livelihood). But these are minor cavils for what is, after all, a study which sets out to discover "topographic" patterns in history, not causal processes. Nor is it an unrewarding approach. Browne has returned the "botanical statisticians" to their rightful place, given a welcome ear to naturalists like Forbes and Watson, and shown the evolutionary importance of Darwin's uncertain arithmetic.

Adrian Desmond

DIETER OLDENBURG, *Romantische Naturphilosophie und Arzneimittellehre 1800–1840*, (Veröffentlichungen aus dem Pharmaziegeschichtlichen Seminar der Technischen Universität Braunschweig, Bd. 20), Stuttgart, Deutscher Apotheker-Verlag, 1979, 8vo, pp. 267, DM. 30.00 (paperback).

Medicine and natural science were profoundly influenced by the German Romanticism of the early part of the nineteenth century, in particular by Friedrich von Schelling (1775–1854). His *Naturphilosophie* formed the basis of the studies of chemists and pharmacologists: it emphasized the unity of the world and the regularity of its phenomena as a result of the mathematical correlations of its components. These were, first of all, spirit and nature, which were seen as opposite poles of a unified system. In the same way, everything worked within polarities such as organic and inorganic. In inorganic nature, the forces were magnetism, electricity, and chemical processes; in organic nature, reproduction, irritability, and sensibility. These categories were then subdivided in various ways. As many of the chemical elements as were then known were assigned to one or the other of the subdivisions and correlated with disease processes for a cure to be produced. For instance, J. C. Reil maintained that in the human body there was a polarity between oxygen and hydrogen, oxygen being associated with arterial blood and hydrogen with the nervous system. The oxygen was also associated with irritability and the hydrogen with sensibility. A preponderance of either principle or a dulling of both would lead to disease, which had to be countered with remedies belonging to the opposite principle; oxygen complaints were to be treated with hydrogen-like remedies and vice versa. Other systems were far more complicated permutations on the same idea. J. H. W. Grabau had a whole scale of the thirty-seven elements then known, starting with oxygen and ending with hydrogen, arranged by their supposed pharmacological effect. He also had a similar scale of organic substances. This is one of the few places where plant remedies figure in the pharmacology of the time. These systematizations, reminiscent as they are of medieval scholastic categories, proliferated until, as in the Renaissance, the pendulum swung back again, and judgements began to be arrived at empirically.

Marianne Winder
Wellcome Institute

ALMUTH WEIDMANN, *Die Arzneiversorgung der Armen zu Beginn der Industrialisierung im Deutschen Sprachgebiet, besonders in Hamburg*, (Braunschweiger Veröffentlichungen zur Geschichte der Pharmazie und der Naturwissenschaften, Bd. 25), Stuttgart, Deutscher Apotheker-Verlag, 1982, 8vo, pp. viii, 229, DM. 30.00 (paperback).

The rich have a choice. They can ignore the poor. Two institutions do this at their peril: the Church and the State. Almuth Weidmann, in her dissertation on the medical prescriptions available to the poor in the period she calls "the beginning of industrialization in Germany", tackles a very difficult subject. Yet the extent of Germany's industrialization at the turn of the nineteenth century is still open to question, some historians preferring to call it "proto-industrialization". The discussion is important because of the underlying assumption: that industrialization created a massive upsurge in urban poor. One should recall that it was the early eighteenth century and the Prussian need for a workforce in the newly founded wool and textile businesses (Mercantilism) that helped create the workhouse. The suffering of the urban

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poor was already rampant. Alleviation (beyond rather ineffective policing laws) was, in Northern Germany, primarily in the hands of private philanthropy and protestant clergymen.

Dr Weidmann surveys the establishment of poor relief in Hamburg, Oldenburg, Prague, Vienna, Hanover, Frankfurt/Main, and Berlin, with specific attention to the care of the sick poor. She shows that an effective system of care evolved, particularly in Hamburg, through a combination of house calls by appointed physicians, and/or treatment by surgeons, mid-wives, and (where necessary) attendants to the sick. Only rarely were poor patients admitted to hospital. The exceptions were the institutions where care of the sick poor was coupled with medical teaching (for example: the Charité in Berlin). Neither the medical care nor the remedies (prescriptions could be filled only at designated chemist-apothecaries) cost the poor any money. The question of who was eligible for these benefits was solved by a system of recommendations: according to the amount of money given by benefactors, a number of written recommendations (neatly filed and later used in reports) of those both destitute and ill could be referred to specially appointed physicians.

It is precisely at this point that one becomes aware of the structural intricacy of this system (not elaborated upon by the author): private philanthropy maintained the care of the sick poor, while the organization and administration lay in the hands of the doctors, the clergy (who usually recommended the poor because the donors could not always name them), and a representative of city government. Churches were highly involved, the state only insofar as laws and stipulations governed medical practice, appointments, and drug production. Financially the state gave little or nothing. In the pattern of its care for the sick poor, the late eighteenth- and early nineteenth-century physicians (like Daniel Nootnagell and C. W. Hufeland) were innovative; structurally, however, the traditional supports of the poor and the sick were still in place: private philanthropy and religious institutions.

Dr Weidmann has many interesting details for those interested in the organized care of the sick poor. I have not touched on her presentation of the official lists of remedies for those under care, nor upon the extremely interesting financial position of the apothecaries. Her book has a good bibliography, an index, several tables, and a list of archival sources (Hamburg, Oldenburg, Brunswick). It remains inadequate primarily in the dimension of economic and ideological explanation (the "Enlightenment" is not a blanket prescription for change). Nor are the poor and their medical and social ills given colour: they are, as seems usually the case in such books, vague masses medically administered. Nonetheless, quite a number of people tried to care.

Johanna Geyer-Kordesch
University of Münster

DEBORAH GORHAM, *The Victorian girl and the feminine ideal*, London, Croom Helm, 1982, 8vo, pp. [x], 223, £11.95.

Deborah Gorham's account of Victorian girlhood is divided into three sections. First, a description of the ideological presuppositions that informed Victorian prescriptions of femininity. Second, a look at those prescriptions in the form of advice manuals for mothers, and women's magazines. And third, three collected biographical studies for early-, mid-, and late-Victorian England, based on diaries and autobiographies, to demonstrate the effect of these prescriptions on actual lives.

The study focuses on middle-class girls – seeing femininity as part of the ideology of the family, and so central to the world-view of the middle classes. My greatest criticism of the book is this ideological approach. Although Gorham discusses mother-daughter, father-daughter, and sister-brother relationships in terms of social roles, there is no sense of a dynamic between generations or gender. Nor that the girls in early- and mid-Victorian England became mothers in the later periods. It was disappointing that the biographical material was unable to flesh out her argument in this way, suggesting a more complex and ambiguous attitude of mothers to daughters whom they were expected to induct into the feminine role that they themselves had (according to Gorham) so painfully and reluctantly assumed.

Together with Carol Dyhouse's recent *Girls growing up in late-Victorian and Edwardian England* (1981), this book goes some way towards filling the gap in our history of Victorian