

Book Reviews

Geoffrey Davenport, Ian McDonald and Caroline Moss-Gibbons (eds), *The Royal College of Physicians and its collections: an illustrated history*, London, Royal College of Physicians, 2001, pp. 168, illus., UK £38.00, Overseas £45.00 (hardback 0-907-383-831).

As an occasional researcher of papers and books at the Royal College of Physicians of London, I was aware of the richness of this collection and anxiously awaited the new volume on the College prepared by three individuals who know the collection well. Given the almost five centuries of history and the vast library of books, manuscripts and artefacts at the College, I expected a weighty tome, and confess some surprise when I unwrapped a thin volume. My mild dismay was short lived, as this is a delightful work, presented in a lively, well organized, well written, and well illustrated format. On reflection, a weighty tome would probably have been shelved along with the many boring chronological institutional histories, and I expect this one will instead find a prominent place in physicians' libraries and on their coffee tables as an interesting account of one of the world's leading medical organizations.

Not another self-congratulatory institutional chronicle this. The colourful history of the College and its leading players is told in a clear-eyed manner, giving a balanced outline of the steps towards progress, often painfully slow (the authors do not shy from mentioning the College's errors of omission and commission) and we hear of the young members who had literally to break down the doors of the Council Room to be heard, and periods when the College leadership seemed to sleep, Rip van Winkle-like, aroused decades later to enact reforms. The College advanced the practice and professionalism of medicine in an important way, but in past centuries it could also act in its own interest against the public interest, resist public health, rail against other health professions, exclude Catholics, non-conformists and women, admit questionable members, and fail to act when its power and influence could have been a force for good. All the good and the less good is touched on, albeit in a brief

way, as this volume does not pretend to be more than an introduction to the vast history and collection of the College over five centuries.

Organizing the complex story of the College and its collection required tough decisions by the editors and they have done well. There is an initial historical sweep of the centuries following the Charter of 1518 from Henry VIII, and then specific thematic chapters on regulations and fines, the fights with the apothecaries, the conflagrations, the confrontations, the outsiders and non-conformists, the arrival of women, the examinations, the development of the pharmacopoeia, the publications and Munk's Roll. In recent times there were involvements in the developing NHS, the campaign against smoking and the controversial move into modern digs on the edge of Regent's Park.

More important in this book are the sections on the great library collection and the artefacts, with discussions of some of the rare and important books, the manuscripts, the objects, and the great portrait collection. Although only examples can be given in such a book, the introduction to the discussion of the coat of arms (and why the symbol of the incorrect pulse-taking has never been corrected), the Gold Headed Cane story, the diamond ring from Catherine the Great, the nipple shield collection, and the portraits of Linacre, Harvey, and Heberden should entice anyone to look further into the College's riches.

Although this may be seen as a book for the members of the College, it is of interest to all physicians, certainly to anyone interested in the history of medicine, and highly recommended.

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Ian Maclean, *Logic, signs and nature in the Renaissance: the case of learned medicine*, Ideas in Context, Cambridge University Press, 2002, pp. xvi, 407, illus., £45.00 (hardback 0-521-80648-8).

Following *The Renaissance notion of woman* (1980), *Interpretation and meaning in the*

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Renaissance (1992) and *Montaigne philosophe* (1996), Ian Maclean has turned to Renaissance medicine. By the term “learned medicine”, he designates humanist Galenism as widely taught in Renaissance European universities. The study’s *terminus ad quem* of 1630 is given by the weakening of human and intellectual exchanges and the disruption to the Frankfurt Book Fair, both caused by the Thirty Years’ War. The book’s particularity is the use of an “ideal-typical approach”. Instead of imposing a traditional chronological schematization, Maclean engages in a typological analysis through atomized pieces of discussion on each subject. The whole of the humanist medical world, judged stable and homogeneous, is shown as something rather static. It is not his aim to re-write such a medical pantheon as older historians liked to establish. Besides the obligatory Aristotle, Galen and Hippocrates as well as the inevitable Vesalius, Fracastoro and Cardano, he prefers to refer to figures less well known to a wider public such as Argenterio, da Monte, Fernel or Sennert. He goes even further in exploring the texts of authors totally neglected by most historians like Campilongo, Horst, Liddel, Valleriola and Vallesius.

From his double base in Oxford and Wolfenbüttel, Maclean successfully shows the global view of this humanist world without being caught by an Anglo-centrism inadequate to write on a Pan-European subject. This attitude is essential to understanding the wider Renaissance community in the larger “Republic of Letters” of the humanists. Thus he discusses not only famous medical capitals like Padua, Paris and Montpellier but also Wittenberg, Basle and other German centres (some universities like Louvain and Leiden in the Low Countries as well as Vienna and Prague in the Habsburg *Erblände* are less discussed). Special attention is paid to the “Philippists”, the disciples of Melanchthon, rather than to R J W Evans’ beloved humanist Calvinists.

To find a balanced view, Maclean read almost all the materials written on scholastic and humanist medicine during last thirty years and more (except a number of important works of Danielle Jacquart; the reason is unclear). He also

read Latin source texts very closely and quite widely. Establishing thus a beautiful synthesis, he widens and deepens our knowledge of humanist Galenism and the problems confronted by these doctors as well as their modes of thinking about medical problems. His writing, dense and full of information, is a crystallized quintessence, concocted and distilled from innumerable notes accumulated over several years. He modestly claims that the first seven of the eight fat chapters are only an introduction to understanding his main discovery, the medical doctrine of signs. This is unquestionably the first essential step towards a future complete study on a subject particularly perplexing not only to us but also to Renaissance doctors themselves.

Maclean remarkably shows the panorama of almost all the aspects of humanist Galenism. That is why he confesses the difficulty of concluding briefly this *bricolage* of Titan. His leitmotiv is to save these doctors both from Foucault’s vision of the irrational Renaissance and from positivist historians’ unjust judgment of Renaissance Galenism as a moribund obstacle to the rise of modern science. What he demonstrates for humanist Galenism (its rationality, vivacity and diversity) is probably true, as Charles Schmitt did for Renaissance Aristotelianism. But I wonder if he himself is not caught in a positivist trap in this rehabilitation by putting both Paracelsianism and Neoplatonism in the old-fashioned category of “pseudo-sciences”. In fact his perception of these currents is largely affected by Brian Vickers’ criticism of those who, in the Garin-Yates tradition, have sought the origin of modern science in so-called Hermeticism and occult sciences. However, the historical reality is not so simple that one can easily consider Renaissance Neoplatonism and Paracelsianism as irrational and obscure pseudo-sciences that might well fit Foucault’s image of the Renaissance *episteme*. The case of Fernel, who venerated Neoplatonism and *prisca theologia*, is an excellent example of the danger of such a categorization.

For beginners in Renaissance medicine, this stimulating book will perhaps be very difficult, or

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even too difficult. Maclean fortunately recognizes this fact and intelligently advises us to read first Nancy Siraisi's *Medieval and early Renaissance medicine* (1990) to receive elementary lessons before venturing into this labyrinth of humanist doctors, the *Labyrinthus medicorum errantium* of Paracelsus' cynical book-title.

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Margaret Healy, *Fictions of disease in early modern England: bodies, plagues and politics*, Basingstoke, Palgrave, 2001, pp. xii, 277, illus., £45.00 (0-333-96399-7).

Margaret Healy's *Fictions of disease* explores the rich range of ways in which disease could be conceptualized and described in the sixteenth and seventeenth centuries, revealing how the ailing body could function as a contested site of political meaning. Drawing on a wide range of sources from the Reformation through the Civil War, Healy places metaphors about sick bodies within a network of competing beliefs and interests, relating shifting constructions of illness to politics, religion and gender. As Healy argues, the language of disease offered a powerful discourse through which political ideas were configured: metaphors surrounding sickness and corporeality were not only open to political appropriation, they were also a part of the framework in which ideas about the self and nation were constructed.

The book begins by establishing some of the ways in which early modern women and men thought about their bodies in sickness and in health. Healy outlines the main medical approaches to understanding disease in the early modern period, and suggests that from the mid-sixteenth century the discourse of religion and morality increasingly encroached upon the medical domain. The subsequent chapters divide into three sections, each exploring a different malady and its cultural and political meaning. The first of these investigates

representations of the bubonic plague, suggesting how Protestant reformers deployed the plague as a means of criticizing the way in which the malady was being managed in the capital. She reads William Bullein's *A dialogue against the fever pestilence* (1564) and Thomas Dekker's plague pamphlets as expounding radical Protestant ideology, and criticizing the tendency to scapegoat the impoverished poor as the contaminated source of disease. The second section, 'The pocky body', explores representations of syphilis and its association with prostitutes, foreigners, and original sin in the Renaissance imagination. Erasmus is shown to be a precursor to a number of dramatists who criticize the tendency to displace responsibility for the spread of syphilis onto the corrupt female body. Whereas Dekker and Thomas Middleton's *The honest whore* 1 and 2 (1604 and 1605) are re-examined as offering a powerful critique of misogynistic discourse, Shakespeare's *Measure for measure* and *Pericles* are interpreted as exploiting the fear and fascination generated by the pox to achieve a charged dramatic effect. The final section on "The gutted, unvented body" considers the ideological import of images of excess in pre-Civil War literature. Examining texts as diverse as Thomas Heywood's *The English traveller* (1626), Middleton's *A game of chess* (1624), John Ponet's *A shorte treatise of politicike power* (1556), and John Milton's *Comus* (1634), Healy demonstrates how the rhetoric of appetite is variously associated with the excessive importation of luxury goods, with the court as a site of decadent indulgence, and with the gormandizing hunger of courtiers themselves.

A central tenet of Healy's study is that the use of language relating to the body will frequently seem "natural" or "true", eliding its own constructiveness. In the era of AIDS, such an insight seems as relevant for us as for the early modern period, serving both as a timely reminder that the cultural configuration of illness exerts a powerful influence in shaping political realities, and as a warning that it is often those most vulnerable in society who are scapegoated as the source of a society's ills. *Fictions of disease*