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alone, without delving deeply into the history of pharmacy. The study therefore offers many bits of information and anecdotes: the doctors charged with testing the freshness of cinnamon, for instance, disliked the job because it burned their tongues so badly, despite taking bread and butter between samples. He has also placed his knowledge in the context of the history of the world drug trade and evidence of voyages, such as the medicine chest taken with Columbus in 1493 on his second expedition to America, some Portuguese medicine chests, drugs taken on Dutch whaling voyages, and the medicines brought along with a US navy frigate on a trip to the Barbary Coast in 1801.

Rutten is clear that many of the medicinals had beneficial effects. But what is one to make of observations such as that 60 per cent of the drugs used by Columbus were no longer used by the early eighteenth century, while “273 products from the *Pharmacopoea Amstelodamensis nova* (1792) were adopted in the ‘Nederlandse Pharmacopee’ (Dutch Pharmacopoeia) 4th edition 1905 a century later” (p. 39). Such information is almost pointless without a framework that helps to explain it. Consequently, the book will be invaluable to historians of the WIC and historians of pharmacy, especially for the tables and notes. Other readers will find interesting fragments of stories. Many are the depressing flotsam of a corrupt slave-holding regime: descriptions of horrible mistreatment of Africans imported for labour, references to the extremely high mortality rates among the Europeans, and the private traffic in company goods (including medicines) designed to make poorly paid employees rich in WIC service. As a result of the absence of a clear interpretative framework, Rutten’s is not as helpful as Renate Wilson’s *Pious traders in medicine* (2000) on the ways in which the Halle missions supported their work by driving the sale of their remedies to others. Perhaps the comparison shows that had the

WIC been more imaginative it might have made more of its own medicine trade. Instead, it was content with riches from the trade in humans, sugar, and rum. Rutten is faithful to his sources, and so does not pretend to be the kind of alchemist who could turn such lead into gold. For those interested in the history of drugs, however, he has found some stones that sparkle.

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**Sue Minter**, *The apothecaries’ garden: a new history of the Chelsea Physic Garden*, Thrupp, Stroud, Sutton Publishing, 2000, pp. xiii, 210, illus., £25.00 (hardback 0-7509-2449-7).

A garden of a mere four acres that already has three histories to its name—one in three editions and the first as early as 1820—must be rather special to have merited such long-continuing celebration. This is partly because it has had an unbroken existence for over three centuries now, partly because it has perkily defied the covetous attentions of developers in one of the most built-over and sought-after areas of inner London, and partly because for very many years it provided the only field instruction in botany that was professionally available in England, a role in which it was to be more lastingly influential than it can ever have expected.

The origin of this unlikely institution lies in the acrimonious breaking-away from the Grocers Company of the Society of Apothecaries in 1617. Assuming responsibility for training its apprentices, the Society speedily initiated a practice, already long in favour at certain Continental universities, of arranging a programme of summer “herbarizings” into the neighbouring countryside to see the local medicinal plants. At a period when

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illustrations in books tended to be as uninspiring as they were largely unenlightening, this was the only means of instilling herb recognition in default of a physic garden with a range of species rivalling that to be found in the wilds. Many teaching institutions abandoned “herbarizings” as soon as they could afford the convenience of a garden of their own, but others did not, valuing the camaraderie gained from herb-hunting en masse—so much so that some reserved one excursion annually as a social occasion for the qualified instead of for the apprentices. The Society of Apothecaries belonged to this second group. Even after it eventually rose to a garden, in 1673, it kept its excursions going, admitting many a keen outsider to them, and discontinued them only in 1834 on running out of members with the knowledge and charisma that made successful leaders (the official excuse, that the countryside had receded too far, was plainly bogus).

A site with river frontage in Chelsea was chosen for the garden, as that allowed access by the Society’s ceremonial barge, which could also be housed there. The rent and wages, though, proved so burdensome that the venture might well have been abandoned had not Sir Hans Sloane, a former apprentice who had risen to great wealth, fortuitously become the landlord. In 1722 Sloane arranged for the Society to pay in perpetuity a mere £5 in annual rent in return for legally-binding stipulations that ingeniously ensured that the garden performed a lastingly useful role scientifically as well as a teaching function.

It was also partly thanks to Sloane that a gardener of genius was now put in charge. In a reign of almost fifty years, Philip Miller made Chelsea one of the foremost botanic gardens in the world, building an international network of contacts through which the range of plants was greatly extended and making himself the acknowledged authority on the requirements of innumerable novelties then

flooding into Britain from distant parts of the world. That store of practical expertise found principal embodiment in the eight editions of his *Gardeners dictionary*, the most important horticultural publication of the day. For all the prestige he brought to the garden, though, Miller’s aims were increasingly at variance with those of the Society. After resisting attempts to rein him in, he was eventually forced to resign—and died within a year.

The Society must have felt that action amply justified when in 1815 the Apothecaries’ Act turned it into the main licensing body for medical practice in England and Wales. An exam in medical botany was added to its curriculum in response, the garden opened to all of London’s medical students (though the apprentices of the rival Pharmaceutical Society had to resort to the medical garden of the Royal Botanic Society in Regent’s Park) and a part-time professorship instituted. The third holder of that post, from 1836, held it in tandem with the professorship of botany at University College. This was the dynamic John Lindley, as towering a figure in the nineteenth-century horticultural world as Miller had been in the eighteenth-century one, but in his case with the garden as by no means his only focus. Finding it badly run down and in his opinion almost useless for teaching purposes, he quickly effected a marked recovery, choosing two excellent gardeners in succession.

That situation was not to last, however. At mid-century, in a renewal of disenchantment with this expensive inheritance, the Society made the first of three attempts to pass the burden to some other body. It finally succeeded in 1899, after the dropping of *materia medica* from the medical syllabus had removed the main argument for its support of a teaching garden. The rescuer was a recently-established educational charity, the City Parochial Foundation. The garden’s potential for scientific experiments was

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thereafter successfully fostered and the supply of specimens to London's colleges and schools for teaching purposes enormously expanded.

Eventually that solution too became unsustainable. By the 1970s, national changes in education had again undermined the assumptions on which the garden was carried on, and it was faced with reinventing itself afresh. After several fruitless years of attempting to find an alternative funder, the decision was taken to turn the garden into an independent charity and seek a substantial endowment by means of a public appeal. The gamble fortunately came off, and in 1984 the Chelsea Physic Garden Company consequently came into being. At last opened to the public, it now receives up to 18,000 visitors yearly and has, *inter alia*, an active programme of research in molecular taxonomy and pharmaceutical bioprospecting.

The previous histories of the garden had the Society of Apothecaries as their principal focus, depending heavily on that body's very extensive archive. In the meantime two very full histories of the Society itself have appeared, freeing the author of this latest volume, the garden's current Curator, to take much of the early part of the story as read and concentrate instead on bringing the account down to the present. The result is as informative as it is readable, even though the strictly chronological treatment makes it rather too like a diary towards the end. The tendency to excessive self-congratulation that blights all too many institutional histories when written by insiders has largely been avoided (though credit is given to the garden that rightly belongs to the firm of Loddiges as the first to popularize that far-reaching invention, the closely-glazed case), while a generous scatter of illustrations, many in colour, help to bring home to the reader better than any words the character of this eternally fragile enterprise and the context in which it operates. There is also a select bibliography and five appendices listing the

names of the staff through the years, the more important maps of the garden, the medicinal plants growing in it in 1772 and 2000 respectively, and the species that line its present-day "historical walk".

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**Peter Lewis Allen,** *The wages of sin: sex and disease, past and present*, University of Chicago Press, 2000, pp. xxii, 202, illus., £17.50, \$25.00 (hardback 0-226-01460-6).

*The wages of sin* makes a passionate argument for humane and tolerant attitudes towards "diseases tied to sex" by revealing the horrors of the past, when sufferers largely received condemnation and punishment rather than care and compassion. In a very personal book, Peter Lewis Allen is intent on highlighting continuities between ancient and modern views, bringing his narrative up to the present day with an account of AIDS in the United States. His graphic story is told through a series of disease histories, two of which—leprosy and plague—he struggles to connect directly to sex. Indeed, a problem that runs through his narrative is distinguishing between specific linkages between disease and sexual immorality, and the pervasive association between sickness and all forms of sin in medical, religious and other professional discourses, then and now, not to mention in popular culture. The story of AIDS shows that even with powerful naturalistic explanations to hand, the construction of meanings about the causes, nature and management of the disease, within medicine and outside, drew on a wide range of cultural resources, including moral values. The chapters are in broad chronological order, though each ranges over several centuries. Allen begins his survey with the late medieval disease of