

The discussion of alchemy as it is presented in *Atalanta fugiens* continues in an essay by Sean Teuton in which he tracts the striking similarities of images in the alchemical text with those in the *America* series, published by Theodor de Bry, the father-in-law of the illustrator of the former text. His reading of the monstrous and hermaphroditical qualities of pictures in both texts supports his conclusion that there was a mutual influence between alchemy and ethnography, around the common theme of alterity and difference, expressed especially in depictions of gender confusion. The main problem in this essay is that the argument is founded in part on Jungian analysis and does not demonstrate a deep knowledge of the history or historiography of alchem. Teuton would have done better to consult the other essays in this volume that discuss the role of women in alchemy, a pursuit that allowed them a place to experiment and heal outside of the increasingly male-dominated science and medicine of the sixteenth and seventeenth centuries. Meredith Ray gives a cogent analysis of Caterina Sforza's participation in alchemy and its appeal to female readers. Penny Bauer analyses several manuscripts to determine the extent of female authorship and the resistance it evoked among male practitioners. Jayne Asher's discussion of the alchemical receipt book of Sarah Wiggles does a nice job in showing how women were central in the production and consumption of alchemical texts, which aimed at tangible products that would preserve health. Dorothea Heitsch identifies how Montaigne's protégé Marie de Gournay integrates alchemical images into her writings.

The other essays in this collection are somewhat peripheral to the foregoing emphasis on alchemy. Simone Pinet discusses the role of the monstrous and the hermaphroditical in Spanish chivalric texts, making an interesting connection between the liminal status of the knightly class in an absolutising Spain and the alternating status of monsters as positive and negative in romance. Bridgette Sheridan and Kirk Read discuss the increasing exclusion of women midwives from the birthing chamber through the experience of Louise Bourgeois and her male contemporaries and relatives. Although these essays do little to extend a familiar story about physicians and surgeons usurping the traditional role of midwives, they are interesting and informative, particularly in the way surgeons used professionalisation to establish their status and business.

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Harry W. Paul, *Henri de Rothschild, 1872–1947: Medicine and Theater*, The History of Medicine in Context (Farnham: Ashgate, 2011), pp. ix + 311, £70.00, hardback, ISBN: 978-1-4094-0515-3.

In this highly original and scholarly study, Harry Paul introduces Baron Henri de Rothschild as a physician whom he intends to resurrect. More than this, he succeeds in rehabilitating the scientific and literary stature of a figure regarded by Rothschild historians and even one of his sons as a 'dabbler'. The only member of the famous banking dynasty to have taken a medical degree, Henri de Rothschild continued the family tradition of enjoying his immense wealth in a variety of aristocratic pursuits along with devoting vast sums to medical philanthropy. But Henri was unique among Rothschilds in his dedication to a medical vocation. Contrary to a *Wikipedia* assertion that he never practised medicine, Henri's career centered around more than three decades of examining and treating patients. In addition, he did significant clinical research, specialising in neonatal nutrition; he undertook investigative tours across Europe, lectured and published extensively in the new

paediatric specialty, founded a journal in that field, and, most importantly, established and ran a pioneer outpatient clinic for infants that morphed into a full-scale hospital.

Rothschild began his studies at the Paris medical Faculty at the age of twenty. It mattered little that he failed to win a hospital internship. His widowed mother, who probably determined his career choice, made sure through her connections with the Dean of the Faculty that Henri received expert training and close supervision. She had already exposed her fourteen-year-old son to the treatment of severely ill children at the Rothschild hospital at Berck-sur-Mer.

Among the eminent physicians Henri followed was Pierre Budin, a pioneer in the French campaign against infant mortality and founder of the *gouttes de lait* or milk clinics, which provided pasteurised and sterilised milk to infants of poor families. Three years before receiving his medical degree in 1898, Henri emulated his mentor's precedent by establishing Paris' first privately funded *goutte de lait* at the Rothschild hospital, founded four decades earlier by his great grandfather. His first MD thesis (he wrote two) was an exhaustive clinical and statistical study – containing a bibliography of nearly 250 pages – on artificial and mixed milk feeding of infants. (The other thesis dealt with gastrointestinal diseases in infants.) With a secure foundation in Pastorian germ theory, tremendous progress in reducing the high levels of infant mortality took place during the final decade of the nineteenth century, an achievement largely attributable to the provision of pure milk by public health physicians. Young Henri de Rothschild 'played a major role in the baby-feeding revolution' (pp. 125–6).

Paul aptly characterises the medical services Rothschild brought together around the polyclinic he built in the northwest of Paris shortly after the turn of the century as a 'medical empire' (Chapter 4). Besides serving the needs of more than ten thousand outpatients and a hundred hospitalised patients annually, the physician–administrator–entrepreneur presided over research, teaching, and radium and drug manufacture. Research activities included thyroid endocrinology and the introduction to France of Ehrlich's Salvarsan treatment for syphilis. During World War I, Rothschild marketed a new product for the treatment of burns while he, his mother and his wife devoted their personal services along with their hospitals and funds to the care of the sick and wounded.

All this, which Paul discusses in rich, at times dense, detail, could comfortably constitute a book. But in part II, 'Hippocratic Theater', the author shifts gears to a subtle analysis of the literary oeuvre of Rothschild, who wrote some thirty-eight plays under the pseudonym André Pascal. Monsieur Pascal often could not resist returning to the profession Dr Rothschild knew intimately. Medical ethics, or rather malpractice, took centre stage in several plays whose melodramatic plots Paul reviews. Audiences flocked to see and critics praised theatrical condemnations of charlatanism and corruption within the elite ranks of the medical profession: shady business alliances by a brilliant surgeon–scientist, fee-splitting, fake diagnoses and unnecessary surgery resulting in death.

In *La Vocation* (1926), the scenario turned to women in the profession. Anti-feminist sentiments voiced by an elderly academician character provoked a raucous medical student protest at the opening. Rothschild explained in a lecture to women's clubs that *La vocation* did not categorically reject medical careers for women, already common in Northern Europe. Rather the play depicted the disastrous consequences when the heroine does not give up her medical vocation after marriage and motherhood.

Paul demonstrates that Rothschild's plays were no more amateurish than his medicine. Although unlikely to be revived today, they merit the perceptive and witty analysis he provides. More often than not, his claim to the enduring pertinence of the ethical issues

broached is justified and backed up with citations to recent *New York Times* articles, among other references. Harry Paul writes with great knowledge, insight and palpable enthusiasm for French social and cultural history. He presents less and more than a customary biography – less of the personal life and no psychologising – but more, enormously more, contextualisation situating a neglected figure in French medical and scientific culture.

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Peter McCandless, *Slavery, Disease, and Suffering in the Southern Lowcountry*, Series: Cambridge Studies on the American South (Cambridge: Cambridge University Press, 2011), pp. 328, £55, hardback, ISBN: 978-1-1070-0415-3.

In *Slavery, Disease, and Suffering in the Southern Lowcountry*, Peter McCandless offers a well-researched account of the ways in which the wholesale adoption of African slavery and European settlement earned the southern lowcountry a reputation as one of the wealthiest and deadliest regions in North America. McCandless fixes his historical gaze on the impact of malaria, yellow fever and smallpox – ‘epidemiological consequences’ that shaped the social and cultural destiny of the region from the seventeenth century to the antebellum period. Adding to scholarship that addresses slavery, the Atlantic World, and the Old South, McCandless assiduously employs sources from planters, religious missionaries, physicians, colonial elites and foreign visitors to the region, to reveal the diversity in perspectives on disease and suffering as they shaped settlement patterns, medical practice, race relations and economic prosperity in the southern lowcountry.

In Part I, ‘Talk About Suffering’, McCandless presents a compelling case against colonial proprietors who deceptively painted the lowcountry as a paradise to lure white settlers. Only after their arrival were settlers confronted with the realities of the Carolina climate, topography and disease environment. Southern American colonies, as well as the West Indies, earned reputations as places that brought wealth and early death to those who settled there, and as McCandless demonstrates, the Carolinas were no exception. While persuasive in his contention that colonial boosterism led many to an early death (p. 30), he misses the opportunity to link patterns of settlement across British colonial holdings in the West Indies that might have shed further light on the cultural, demographic and epidemiological ties between the whites who settled both regions. The West Indies had already garnered a reputation as a ‘white man’s grave’ and the omission seems odd given that McCandless himself refers to the Carolinas as the ‘northern rim of the Caribbean’ (p. 7).

In Part II, ‘Combating Pestilence’, McCandless excels at presenting the mechanisms employed by physicians and other healers to counteract the increasingly unhealthy environment of the southern lowcountry. He explores the development of Charleston’s medical community and the various ways in which the public grew to understand disease, by drawing attention to the influx of Scottish-trained physicians to the region, professional squabbles over medical treatments waged in South Carolina’s newspapers, and public attitudes towards medical therapies in the face of epidemics. Equally impressive is his discussion of the relationships between white practitioners and enslaved healers and the ways in which residents coped with epidemics – through flight, prayer, ambivalence and resolve. McCandless is persuasive in demonstrating the wide scope of suffering from fevers by situating their effects on white merchants, slave traders, soldiers, Native