

in plaster over the fireplace. Little did I know then that New Hall, Elland, had been the site of some of the earliest experiments to test Harvey's theory of the circulation, or that a hill visible from my junior school's playing field had witnessed important experiments on barometric pressure. Indeed, the name of Henry Power, doctor, scientist and one of the early members of the Royal Society, was unknown in the small town where he once lived and practised. Dr Hughes has done a great service in rescuing this important Restoration scientist from an obscurity that is more than local.

This engaging book clearly describes Power's scientific and medical work, emphasising his wide-ranging curiosity as well as his experimentalism. Indeed, given the author's own expertise, one would have liked to have had more quotations from Power's notebooks, as well as a more detailed comparison of his medical practice with that of other contemporaries. He developed a wide clientele, although several of the places cited by Dr Hughes on p. 69 are closer to New Hall than he implies, and it is unclear whether he went specifically to treat some of his farthest-flung patients or whether they were seen while Power was visiting other acquaintances or on his way to London. His move to Wakefield in 1663–4 will also have been more convenient for a wealthier clientele as well as being half a day's journey closer to the main road south. Wakefield was also at this time developing into a regional centre with claims to gentility. But Power did not live long there; he seems to have abandoned his scientific observations almost at once, perhaps because of increasing ill health, and he died there in December 1668.

There is more that can be said about Henry Power and, indeed, Dr Hughes in his earlier articles has shown how important are the Power notebooks in the British Library for an understanding of science and medicine in the Cromwellian and early Carolean period. Local pride, which compels me to point out that, *pace* p. 28, Halifax is on the tiny Hebble Brook (not river Hebden), which joins the Calder a mile or so upstream of Elland, must also acknowledge a paradox. A distinguished doctor, with metropolitan connections, chose to return, probably for family reasons, to a small and relatively isolated community, ill-served by medical men. He may have prospered, but a cynic might wonder whether his passion for experiment was not also fostered by a lack of patients and the absence of a wider local intellectual community.

With the publication of this elegant volume Dr Hughes has brought Henry Power to a broader notice, and one may hope that future inhabitants of Elland, and others, will not be as ignorant of this important scientist as I was for much of my life.

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doi:10.1017/mdh.2012.58

Philip Rieder, *La Figure du patient au XVIIIe siècle*, Bibliothèque des Lumières LXXVI (Geneva: Droz, 2010), pp. 592, \$72, paperback, ISBN: 978-2-600-01422-9.

It is now over a quarter of a century since the late Roy Porter made perhaps his most passionate call for a medical history seen not through the eyes of the medical practitioner but 'from below', that is, from the point of view of the patient. Medical history has been through a 'cultural turn' and many other theoretical acrobatics since Porter's 'The Patient's

View. Doing Medical History from Below' (*Theory and Society*, 14, 2, 175–8) appeared in 1985, but the task remains pertinent and indeed still pressing. Philip Rieder's *La Figure du patient au XVIIIe siècle* is an excellent addition to the tradition that Porter inaugurated. His focus is much more delimited than Porter's – it covers the sickness experience of maybe a couple of dozen individuals who lived in the region of Geneva in the eighteenth century. Yet the tightening of the focus, which allows Rieder to place his study in the tradition of micro-history, is one of the great strengths of the book. We are allowed so close in to the health and sickness behaviour of his subjects that it becomes at times even slightly uncomfortable and embarrassing, as if we are getting to have really too much information about these historical figures. Rieder achieves this experience through systematic use of high-quality 'ego-documents', particularly diaries and (especially) correspondence. It helps too that he writes beautifully, with a sense of nuance in keeping with the sensibilities of his subjects.

Correspondence is in fact one of the forms of health behaviour that Rieder's patients practised: listening, speaking and reading medical writings, especially popularising works, are others. The sick person, Rieder notes, was 'rarely alone' when faced by illness (p. 175). No work that I can think of testifies to the validity of the observation. The sick individuals in view here are in constant overlapping contact with fathers, mothers, siblings, children, cousins, neighbours, friends, carers, correspondents – and medical practitioners of every stripe. Much work in the late 1980s and early 1990 that took its inspiration from Porter was perhaps overly concerned with situating the patient in a 'medical marketplace', as a result of which the 'patient' could be metamorphosed into the shopping-savvy twentieth-century consumer, a perspective which has its problems (not least anachronism). What emerges from Rieder's monograph is the extraordinary density of relationships – some marketised, it is true, but most not – surrounding the sick person. The meanings of sickness simply cannot be mapped on such an economic Procrustean bed.

When seeking to generalise from the conclusion of this study, we will need to note two significant aspects of it: the smallness and heterogeneity of his sample, and the apparent homogeneity of the ideas and practices here on view. The sample of individuals brought under the Rieder microscope is highly selective numerically as well as geographically, and it ranges from the famous (Isabelle de Charrière, Charles Bonnet) to the utterly obscure. And, partly because of this, it is very difficult to get a sense of what changed over the century. What seems to emerge is the continuing robustness of the humoral framework for understanding disease, and its ability to ingest new forms of understanding. Analysis in terms of nerves seems less to compete with humoralism, for example, than superimpose itself over it. Inevitably one wonders all the more how the eighteenth-century patient might then have differed from seventeenth-century or nineteenth-century comparators. Rieder offers us little to go on, save only for the thought that while there is no strong secularising trend in evidence, people no longer looked to the cosmos for valid astrological lore, but sought answers closer at hand, in the sub-lunar environment. If many big questions remain open, this is a call for further studies. Let's only hope that they are as good as this one.

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