

What the book actually does instead is to provide an extremely valuable scholarly resource and a mine of thought-provocation for historians of seventeenth-century medicine in general. This reviewer's interest in the period is lamentably specialized, but none of the wide-ranging papers failed to prompt me to follow up at least one of its insights in my own work. Also rewarding are those aspects of the book which force the reader out of narrow categories such as the division between social and intellectual history. This is especially true of Margaret Pelling's articles on the gender-compromising role of the physician, "a body-servant . . . admitted, like a woman, to the bedroom but not to the council chamber", and on the symbolism of medical treatment of the foot in Dutch genre painting. By contrast, Hilary Marland's extension of her work on the Frisian midwife Catharina Schrader to a wider range of sources enables her to develop a rather more conventional but none the less valuable long-term view of changes in the ideological representation of the midwife.

For the English or American reader, access to sources from Dutch physicians and theologians—such important players in the period, but neglected because of the self-imposed language barrier—will be welcome. In this respect it would have been helpful if Mart van Lieburg's introduction to 'Religion and medical practice in the Netherlands in the seventeenth century' had not been almost half as short as the next shortest piece in the book and had matched Andrew Wear's corresponding overview for England. Nevertheless, the resonances of all the more narrowly-focused Dutch articles are such as to provoke immediate cross-cultural comprehension. Willem Frijhoff looks critically at Dutch manifestations of the distance between seventeenth-century medical education, a broad "faculty" of learning encompassing a range of cultural allegiances, and our own perception of it as a scientific discipline tied directly to practice. Hans de Waardt's paper on exorcism and the interaction between the roles of pastor and healer among the priesthood shows the degree to which

secularization and the separation of magic from religion were unwitting outcomes of theological and ecclesiastical politics, involving conflicts among the Reformers as well as with Catholicism. Frank Huisman too reflects this broad theme in his case study of the relationship between surgeons, physicians and urban government in Groningen, where the surgeons' guild helped police the town and administer poor relief. In spite of these two articles, however, the extent to which politics and theology are inextricable from each other on the wider stage of seventeenth-century history as well as on local ones, and the interpenetration of this with shifts in medical perspective, are not as evident as they could be in a book with the aims that this one has set itself.

Produced and copy-edited with loving care, and with effective enough black-and-white reproductions, the book is obviously the outcome of stringent post-conference demands made and followed through by the editors: a real book, not a quick fix.

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**Annemarie Kinzelbach**, *Gesundbleiben, Krankwerden, Armsein in der frühneuzeitlichen Gesellschaft, Gesunde und Kranke in den Reichsstädten Überlingen und Ulm, 1500–1700*, Medizin, Gesellschaft und Geschichte No. 8, Stuttgart, Franz Steiner, 1995, pp. 496, Dm/sFr 144.00 (3–515–06697–7).

At first, it appears that Annemarie Kinzelbach's book on "remaining well, falling ill, and being poor" is just another worthy contribution to the already burgeoning literature on medicine in early modern society. But *Gesundbleiben, Krankwerden, Armsein* is actually much more: a thoroughgoing critique of many interpretations medical historians have worked with over the past two decades as well as a penetrating and uncompromising assessment of their methods.

Few sacred cows escape slaughter and Kinzelbach's mental toughness is the great strength of the work. The author draws her archival materials from two, south German Imperial cities—Ulm and Überlingen—for the period 1500–1700. In fact, the geographical situation is irrelevant, not because Kinzelbach fails to capitalize on her sources but because the real thrust of the work is a critical re-examination of many of the things we know—or think we know—about early modern social and medical history. I can think of few works that so consequentially refuse to accept any (or almost any) established interpretation. The results are convincing, if somewhat uneven.

Kinzelbach isolates and analyses three major topics: living in sixteenth- and seventeenth-century cities; epidemics, especially “plague”; and illness in its social context. Each section of the book challenges one or more widely-accepted theories. Kinzelbach's iconoclasm knows few bounds and it is not possible in the space of a brief review to convey the true extent of her radical questioning of cherished opinions, but a few examples will suffice.

A main theme of the volume is the refusal to accept that “deprivatization”, “politicization”, and “rationalization”—or, more generally, “medicalization”—were unique products of late eighteenth- and nineteenth-century societies. Rather, Kinzelbach insists that wishes to preserve or regain health were desired goals expressed not only in the municipal ordinances but also in the actions (*Verhaltensweisen*) of sixteenth- and seventeenth-century urban inhabitants. Kinzelbach then proceeds to demolish other conceptual pillars supporting a largely accepted view of what the early modern world was like. For example, she finds that one should be very chary of the assertion that cost was a barrier either to seeking or attaining medical care; people did not decide to ignore healers because they cost too much. Other stock images fall as readily. She finds that people went to physicians for minor ailments and not only when life or livelihood were threatened; that children and the elderly were not neglected; and that people did not respond to epidemic

diseases with headlong flight, religious mysticism, or fatalism, nor did they abandon their own or even strangers in such times.

Just as important and just as persuasive is her discussion of “plague”. In a careful evaluation of the sources available, Kinzelbach determines that there was no “real” change in the lethality and incidence of epidemic diseases throughout the period. Moreover, she presents “plague” as an umbrella term (*Sammelbegriff*) which covered all communicable diseases, rather than a specific illness. Thus she judges attempts to ascertain whether a community's reactions to “plague” were effective, counter-productive, or merely worthless as inherently misguided. (And “misguided” is a word Kinzelbach favours.) Obviously, Kinzelbach is a committed advocate of the dangers of retrodiagnosis, but she goes even further than most medical historians in insisting on the vanity of trying to identify diseases in the past. Finally, she reviews the hospitals of early modern Ulm and Überlingen and finds “multi-purpose” institutions that admitted the acutely ill, provided medical treatment, and cared for the elderly, all within the framework of a major enterprise that owned large tracts of land and shrewdly dealt with the city in business matters. Hospitals were not dustbin relief for outcasts and the aged, nor were they “houses of discipline” for the poor.

It should, of course, quickly be apparent to readers of *Medical History* that Kinzelbach draws on a large literature that has already done much to revise conventional views of attitudes towards illness, of the meaning of “plague”, and of the role of hospitals. And Kinzelbach's voluminous footnotes reveal her familiarity with, and debts to, all this material. She is, however, perhaps more radical than others in her determination not to construct her analysis on the shifting sands of received wisdom. Certainly few historians will read this book without thinking very hard about their own positions or without wondering how often they have perpetuated unconsidered generalizations. Still, to be sure, there are problems. While the author does an excellent job of exposing errors and sloppy thinking, she

offers little to fill the void she creates. One is left with a demolished edifice and, while there are some bricks and mortar in sight, we find no blueprint for the rebuilding. Although she marshals much detail to demonstrate the dubious validity of many assumptions, Kinzelbach leaves us with a not very robust picture of the people involved. Despite the use of specific examples, both practitioners and patients remain curiously stiff and fleshless. The lack of vivid representation, and a rather mechanical style, are largely due, I believe, to the character of the book. *Gesundbleiben, Krankwerden, Armsein* is a dissertation that has been only slightly reworked for publication and the dissertation agonies remain much in evidence. Some judicious pruning and another rewrite for style, and perhaps a slightly less shrill tone, would have made this a better and more readable book. Moreover, Kinzelbach is not quite able to jettison all those misleading verities and conventions she pillories others for using. She is critical about medicalization, but often employs the phrase in a fairly loose manner. And she, too, finds it hard to do without specific disease names, even though she repeatedly insists, for instance, that archaic medical terms cannot be equated with modern diagnoses. Still the great attraction of the book is its methodological rigour. There is a sharp mind here at work and our encounter with it is both stimulating and salutary.

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Ute Fischer-Mauch, *Zum Verhältnis Apotheker/Arzt in Hessen: Bemühungen in Gießen um eine Novellierung der rechtlichen Grundlagen (um 1700)*, Quellen und Studien zur Geschichte der Pharmazie Band 69, Stuttgart, Wissenschaftliche Verlagsgesellschaft, 1995, pp. vi, 226, DM 34.80 (3-8047-1311-4).

The conflict between physicians and apothecaries is almost an ancient one, and one that grew, curiously enough, from their mutual

dependency. The exploration of this troubled relationship forms the substance of Ute Fischer-Mauch's investigation of apothecaries in Gießen around 1700.

The sources for such a study appear, at least on the surface, almost non-existent. Losses during World War II decimated archival holdings, and thus it is, as Fritz Krafft observes in his prefatory note, a "stroke of luck" that Michael Bernhard Valentini (Professor of medicine and Dean of the University of Gießen) published "Casus 24" in his *Corpus juris medico-legalis*. "Casus 24" contains both the opinion requested by the ruler of Hesse-Darmstadt on the proposed revisions of the medical ordinance and the informative gravamina tendered by the apothecaries in response. Fischer-Mauch employs the Casus as her principal source to evaluate the relationships between apothecaries and physicians in early modern Hesse-Darmstadt and to reveal how apothecaries themselves contributed to the reform of medicine.

The second half of the book (which the reader is perhaps well-advised to read first) presents the translated and edited "Casus 24". It begins with Landgraf Ernst Ludwig soliciting the medical faculty in Gießen for their expert opinion. This edict is followed by a catalogue of the grievances of the apothecaries in Gießen, in particular with regard to the proposed revisions in the medical ordinance. The final section of the Casus is the answer of the medical faculty in Gießen that attests the "emptiness" (*Nichtigkeit*) of the apothecaries' complaints.

Certainly when faced with a documentary black hole, such medico-legal texts as Valentini's "Casus 24" are a godsend to the historian. And Fischer-Mauch mines the Casus for all it is worth, delicately teasing out information that speaks to what she sees as the often obscured and infrequently examined relationship between physicians and apothecaries. From the Casus, then, there emerges a story of discord that dates back at least to the *Constitutions* of Friedrich II (in the middle of the thirteenth century). The *Constitutions* first tried to designate the