

quite so different as readers of *Pour une histoire des sciences* might suppose. In his well-known paper on the role of Cuvier in the history of science, Foucault also sought to show the intellectual conditions necessary for the emergence of (Darwinian) transformism, with Cuvier the pivotal figure “making possible” the reconstruction of eighteenth-century natural history so as to yield nineteenth-century transformism. It is true, of course, that Foucault and Roger told quite different stories, with different actors in the drama. Yet in Foucault’s “Cuvier paper” it seems to me that he was doing something of which Roger might have approved, in principle at least, though the theoretical goals of the two scholars were not the same. So perhaps the debate was more about form than substance—as it now appears in retrospect.

But let me return to the question of lexicographic anachronism. I do not like it. Take the question of histories of the earth, for example. These began to emerge as the characteristic way of “doing geology” in the early nineteenth century, as stratigraphy assumed its modern form, working with fossils, and piecing together a history of the earth’s strata (and hence of the earth as a whole to some extent) on the basis of the study of rocks and strata in the field, somewhat as the historian works with the fragmentary documents that may be dug out of the archives.

Now as I see it, it is an entirely worthwhile exercise to endeavour to examine, as Roger did, the seventeenth- and eighteenth-century theories of the earth, establish what their general features were, and how they were gradually changed so as to yield nineteenth-century stratigraphic geology. But if the word “history” meant something radically different to those thinking about the earth in the nineteenth century and in previous times, I think it advisable to make the distinction in the historian’s vocabulary. For example, I have suggested elsewhere that it is helpful to distinguish between *histories* of the earth and the earlier *genetic* accounts of the earth’s past, which might, for example, be of a “preformationist” or *quasi*-Leibnizian

character. However, Roger’s lexicographic anachronism would not require such a distinction; or perhaps he would not have found it worthwhile.

Be that as it may, and whatever one may think about these rather general issues, there can be no doubt that historians will welcome this collection of Roger’s work, some of it (particularly that published in Italian) perhaps not well known to British and American historians. Aided by Blanckaert and Gayon, one may form a clear conspectus of Roger’s work, which does credit to the editor (Blanckaert) and offers appropriate homage to one of the most distinguished French historians of the present century—a devotee of *texts*, as was Koyré before him, and as all historians of science should be, even if they now turn to other things like illustrations, buildings, instruments, maps, or whatever. Roger would have no problem with all that. He wanted to know about mentalities; and (almost) anything—except epistemological breaks—was grist to his mill.

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Vivian Nutton and Roy Porter (eds), *The history of medical education in Britain*, Clio Medica, Amsterdam and Atlanta, Rodopi, 1995, pp. x, 379, Hfl. 160.00, \$100.00 (hardback 90–5183–571–X); Hfl. 50.00 \$31.00 (paperback 90–5183–611–2).

In the Introduction to this book, the editors rightly point to the lack of “real substance” in previous work on the history of British medical education. They deplore, in particular, the scattered nature of recent contributions that tend to cluster around a few institutions and periods, and describe the whole enterprise as a “peaceful backwater”. The present volume, we are told, is to have a “wider relevance” to underlying historical and pedagogical issues that “may throw light on some of our difficulties in the present.”

Book Reviews

The editors claim too much. This is a thin collection of essays that range widely from the thirteenth to the twentieth centuries and from pharmacy to midwifery to medical students to foreign doctors in London. Some of the pieces are narrowly focused on small events or a single text, while others seek to explain particular developments over a century or more. Only a few of the authors seek to relate their subjects to the broader development of the healing arts in Britain. A conclusion reached in one essay, moreover, seems at times to contradict that in another. The writing styles vary from rambling, pedantic prose to a few sprightly essays to three or four clear and stimulating presentations.

Yet the collection is not without redeeming qualities. Among the authors and editors are some of Britain's ablest medical historians and some of them do make small additions to our understanding of the particular path followed by Britain in educating its practitioners. The essay by Irvine Loudon, for example, not only offers an excellent summary of his previous work on the training of general practitioners but actually deals with some of the real questions raised by the volume's title. W F Bynum's contribution on 'Sir George Newman and the American way' compares developments in early twentieth-century Britain with the contemporary model in the United States. New to this reviewer is the explication of the Scottish-Australian connection in medical education in the nineteenth century by Laurence M Geary. A suggestive piece by Stephen Jacyna explores more deeply than elsewhere the changes in scientific teaching in Edinburgh in the years from 1790 to 1870. Some of the other contributions also present suggestions and ideas that are new and worthwhile.

What disappoints is the opportunity lost to make a new assessment of the peculiarly national course of medical education in Britain. Perhaps a different title might have raised fewer expectations. British training in medicine was different from that on the Continent and in North America. To understand that difference, historians must look anew at some of the larger

questions of medical pedagogy in the context of British society and British polity. For all the wonderful outpouring of materials by the creators of Britain's medical history industry, it remains for someone—Loudon? Porter? Bynum?—to do some serious organizing and make sense of what we already know about the education of doctors and other health practitioners in Britain.

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Lee Anderson and Gregory J Higby, *The spirit of voluntarism: a legacy of commitment and contribution: the United States pharmacopeia, 1820–1995*, Rockville, MD, The United States Pharmacopeial Convention, Inc., 1995, pp. ix, 598, no price given (0–913595–88–8).

The status of a pharmacopoeia, be it officinal or official, depends upon the manner and regularity of its revision. Until the establishment of the British Pharmacopoeia Commission in 1928 revisions of the pharmacopoeia were irregular. In 1925 when it was proposed to revise the 1914 edition there was general agreement that the work would be out of date by the time it was ready for the press. The United States Pharmacopeia, on the other hand, had arrangements for regular revisions very early in its history. Decennial conventions ensured a version every ten years until the 1940s when a five year cycle was introduced, based on a system of continuous revision.

This book is a detailed account of the formal and informal proceedings leading to the production of each revision of the U.S.P. The title refers to the voluntary efforts of physicians, pharmacists, scientists and others who, through the Conventions and Revision Committees, attempted, and often succeeded, in bringing the pharmacopoeia in line with changes and advances in medicine and pharmacy.