

the treatise impressive. However, they do not include instances where the image is found by itself, and recourse to MacKinney is still necessary.

Medieval vernacular medicine has for long been the Cinderella of medical history. With the publication of such major studies as this *Sammelband*, as varied and, at the same time, as coherent as the Ortolf material around which it is organized, historians familiar only with the more exalted productions of Paris or Padua now have no excuse for not attending to these more common but no less intellectual works.

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Gerhard Endress and Dimitri Gutas (eds), *A Greek and Arabic lexicon (GALex): materials for a dictionary of the medieval translations from Greek into Arabic*, Fascicle 3, Handbook of Oriental Studies, vol. 11, Leiden and New York, E J Brill, 1995, pp. 96, Greek glossary, pp. 32, Nlg 80.00, \$45.75 (90-04-10216-7).

Endress and Gutas' monumental lexicon of the medieval Arabic translations from ancient and late antique Greek texts continues apace with the publication of this third fascicle (cf. *Medical History*, 1993, 37: 207–8; 1995, 39: 107–8). The editorial standard remains high, and the skill with which the various parts of the lexicon are simultaneously kept up to date is most impressive.

Two entries in this fascicle seem to merit special attention. The first, of most immediate interest from the philological perspective, is the extended entry (pp. 249–76, the longest in this fascicle) on the important and ubiquitous exceptive Arabic particle *illā*. This carefully subdivided corpus of data clearly illustrates the various ways in which the term was employed to render Greek constructions; though the use of the Arabic exceptive to translate Greek phrases neither exceptive nor exclusive in structure is well known, the extent to which this proves to have occurred is striking.

The second, of more general interest for the reception of ancient Greek culture in the medieval Islamic context, is the entry on the root 'lh, most commonly used to render terms relating to divinity and the godhead (pp. 307–19). It is well known that the medieval Arabic translators (both Christian and Muslim) needed to provide “theologically correct” translations, but the ways in which this was achieved are nevertheless of both interest and importance, especially in cases where an ancient Greek practice was either not understood at all, or was interpreted in line with eastern Christian customs prevailing at the time of the translation movement.

These examples simply illustrate the broad relevance of the *GALex*. Its materials not only document lexicographical patterns and techniques crucial for our understanding of translation technique and the proper comprehension of the Arabic translations themselves; they also provide an index to the vast array of issues and problems that arose as nascent Islamic culture came to terms with the heritage of antiquity. That it facilitates research in the latter as well as the former, and in such important new ways, is a tribute both to the significance of the work itself and to the scholarly and editorial skills of the editors.

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Thierry Bardinet, *Les Papyrus médicaux de l'Égypte pharaonique*, Penser la Médecine, Paris, Fayard, 1995, pp. 591, FFr 180.00.

The situation regarding translations of the ancient Egyptian medical papyri into English is very far from satisfactory. There appear to be no English translations of the Hearst, Chester Beatty VI, Berlin, London papyri and the Brooklyn papyrus on snake bite. We are fortunate in having James Breasted's translation of the Edwin Smith papyrus on wounds, though published in 1930. Griffith's 1898 translation of the Kahun gynaecological papyrus into English was updated by Stevens in 1975. Iversen translated Carlsberg VIII into

English in 1939. The longest and most important papyrus is the Ebers, and this was translated into English in an over-imaginative and unreliable form by Ebbell in 1937.

Ghalioungui's translation of 1987, although printed, was never placed on sale.

The current gold standard of translation of the medieval papyri is in the German *Grundriss* series by the distinguished group of philologists, Hildegard von Dienes, Herman Grapow and Wolfhart Westendorf (1958), with a later version of the Edwin Smith by Westendorf in 1966. Papyrus Chester Beatty VI was translated into French by Jonckheere in 1947. Sauneron published the full translation of the Brooklyn papyrus on snake bite also in French in 1989. Parts of other papyri were translated into French by Jonckheere in 1944 and Lefebvre in 1956.

It will be clear that there is a serious lack of up-to-date English translations of the medical papyri. The English reader is at a special disadvantage unless he has a good command of German, but even the *Grundriss* is now thirty-eight years old. Over-dependence on Ebbell has been responsible for perpetuation of many unsubstantiated myths of ancient Egyptian medicine. Against this background the work of Thierry Bardinet must inevitably assume great importance, bringing the texts closer to the reader unfamiliar with the ancient Egyptian language.

The author is a dental surgeon but clearly very well versed in the hieroglyphs. The book is based on a doctoral thesis for the *École Pratique des Hautes Études*, examined by distinguished Egyptologists. The first part of the book consists of discussions of key aspects of Egyptian medicine including magic and the peculiarly Egyptian concept of pathological factors such as *aaa*, *setet* and *wekhedew*. The second part comprises an analysis of the texts, while the third part is a consecutive translation into French of all the major ancient Egyptian medical Papyri.

In spite of the author's medical background, he repeatedly warns the reader of the dangers of making facile interpretations based on current medical knowledge. He constantly avoids unsubstantiated interpretations of

Egyptian words for drugs and pathological conditions, and deliberately leaves many important words untranslated. In this respect he is the very antithesis of Ebbell.

Bardinet has not hesitated to contradict his predecessors. Ebbell is easy game, but he also disagrees in places with Jonckheere, Steuer, Lefebvre and the German *Grundriss* team. He gives no translation for the important pathological factor *wekhedew*, for which he sees no direct equivalent in contemporary medical practice. He also disagrees with the hallowed view (of Ebbell, Lefebvre and Jonckheere) that *aaa* was the haematuria of schistosomiasis. He does not even mention the view that *setet* should mean "mucus", "mucosities" or "shooting pains", as has been suggested. Chapter 4 considers these difficult words in relation to blood, and presents a scheme of pathology which is far removed from modern thought.

Although many would support the reluctance of Bardinet to attempt the translation of these difficult words, his unorthodox translation of some important and hitherto supposedly well attested words must await the views of philologists. The word *ib*, usually written simply as the heart determinative, has always been taken to mean "heart", albeit with the same figurative overtones as in English (e.g., as in kind-hearted). Bardinet believes *ib* to mean most internal organs except the heart. He reads *hedju* as "garlic", whereas it has previously been taken to mean "onions". The pustule determinative with three plural strokes was for good reasons, in some places, read by the *Grundriss* team as "faeces" (*hes*). Bardinet always reads it as *wekhedew*, which would require major re-evaluation of certain important passages. One wonders why *aat* (swelling) should be translated as "poche", and what is the evidence for *mendjer* meaning "gall bladder"?

Apart from such interpretations, with which many will disagree, the book has two disappointing features. First, the consecutive translations run without footnotes or discussion of controversial passages. This gives an impression of certainty which is difficult to justify. Secondly, many key passages are

## Book Reviews

missing from the corpus and must be sought in the first part of the book. This was sometimes laborious, and it would have been helpful to have had an *Index des textes médicaux traduits, cités ou commentés* as in Lefebvre.

Overall, however, the standard of translation in this book is high, incorporating the advances of the last few decades. It may well be more accessible to English readers than the *Grundriss*, and it is certainly an improvement on Ebbell. It is recommended for the general medical reader and particularly those who have difficulty reading German.

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**Harold J Cook**, *Trials of an ordinary doctor: Joannes Groenevelt in seventeenth-century London*, Baltimore and London, Johns Hopkins University Press, 1994, pp. xviii, 301, illus., £37.00 (0-8018-4778-8).

Recently, in a number of important papers and in a book-length study of the Royal College of Physicians, Hal Cook has been quietly forcing historians to revise their picture of medical practice in seventeenth-century London. Cook is extremely good on the subject of authority, although he is never so monomaniacal as to take it explicitly as his sole theme. All his work illuminates the ways in which the various tribes of early modern physicians presented themselves to the world and laid claim—as scholars, practitioners, gentlemen, chemists and so on—to be the legitimate creators and custodians of medical knowledge and the guardians of sound medical practice. This excellent new book is no exception to the high standard Cook has set and will enforce further readjustment of the historical gaze. Cook's tale, in spite of his title, is of a not-so-ordinary Dutch physician practising in London at the turn of the seventeenth/eighteenth century. Groenevelt was not so ordinary because, although a licentiate of the College of Physicians, he exercised his right to practise surgery and made much of his reputation and living by cutting for the stone.

Cook carefully chronicles Groenevelt's medical education at Leiden and his subsequent move to London. In one of the most fascinating sections of the book he observes the network of Dutch physicians in the capital, cataloguing their patronage relations and mutual support systems. He traces Groenevelt's career to its sad demise after a law suit brought by a disgruntled patient (he won the suit but lost his reputation).

As he narrates this story Cook subtly discloses the struggles for authority and power in seventeenth-century medical London. Groenevelt and his associates, of whom Thomas Sydenham was one, helped themselves liberally to the language of experience and practice in their attempts to outmanoeuvre the conservative elements which ran the College. The forces of reaction, however, as Cook shows so well, were no toothless diehards. He demonstrates extremely clearly how they mobilized a vast range of resources, including the law, to keep the upstarts in check. Cook does this quite unobtrusively but with the authority of a good scholar.

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**Jonathan Sawday**, *The body emblazoned: dissection and the human body in Renaissance culture*, London and New York, Routledge, 1995, pp. xii, 327, illus., £35.00 (0-415-04444-8).

Intent upon recovering the patient's view, recent social history of medicine has tended to neglect anatomy, leaving the study of corpses to intellectual historians. It is the interest of cultural theorists in gender and the body that is placing anatomy in a broader perspective.

Jonathan Sawday's focus is not on the technical content of anatomical research but on its interaction with other modes of thought. He examines dissection as penal sanction and as public spectacle; he explores pictorial representations, political analogies, and poetic metaphors. His imagery is that of vision and display, of the penetrating gaze and the theatre of anatomy. His texts are drawn from