

highly significant contribution and were part of a general process of medical innovation and improvement that brought about the fall in mortality” (p. xxvii). Razzell identifies, but does not discuss other factors implicated in mortality decline including a range of environmental and domestic improvements such as the replacement of dirt floors with brick, improved personal hygiene, and the use of cinchona bark.

The original work effectively challenged Thomas McKeown’s thesis that medical intervention played little or no role in the decline of mortality rates in the eighteenth and nineteenth centuries. Razzell’s work also challenged a standard historical narrative that drew sharp and anachronistic distinctions between inoculation with smallpox, *inoculation*, and inoculation with cowpox, *vaccination*. This text remains one of the best sources detailing the actual practices and efficacy of inoculation in Britain prior to the introduction of vaccination. Inoculation, taken up first by the aristocracy, became a widespread and highly successful prophylactic by the 1770s except in the major cities. Razzell also presents a viral attenuation theory using pre-molecular experimental evidence to support historical accounts that describe inoculation as a relatively benign and non-contagious procedure. Finally, Razzell concludes that inoculation had a profound impact on mortality from smallpox, although the localization or extent and nature of this impact is much more complex than Razzell’s earlier text allowed for.

In fact, it appears that the rural and urban experiences of both smallpox and, in turn, the usage of protective treatments like inoculation or vaccination, differed greatly from place to place. This somewhat overshadows Razzell’s attempts to generalize the extent and impact of inoculation on smallpox mortality in Britain. Even in Razzell’s careful hands, the analytic landscapes are shaped by somewhat incommensurable features such as parish boundaries. In turn, concepts of endemic disease versus epidemic disease are distorted by somewhat arbitrary notions of time and place. These categories are important because they are used as analytic tools to describe the disease experience.

For example, Razzell argues that there were specific north-south divisions in the use of inoculation reflecting fundamental differences in the experience of smallpox. In the north, smallpox was generally endemic, or nearly always present, striking young children rather than adults. Razzell argues that the constant presence of the disease generated a kind of fatalistic expectation that treatment was futile, leading to the slow adoption of inoculation. In the southern parishes, where smallpox occurred in epidemics, the disease struck adults and children alike creating a generalized fear and encouraged mass inoculation. However, Razzell’s cultural arguments regarding the diffusion of both technologies lack the nuances of recent social histories, and he rightly calls for more detailed local studies.

Razzell’s rescue of inoculation from its dusty, “black-boxed” role in the history of vaccination reiterates the importance of exploring anachronistic presumptions in the standard histories of medical technologies and practice. But, Razzell’s work also reiterates the pitfalls of trying to isolate and generalize the impact of a particular medical technology on a disease by wrenching it from the social and cultural variables that enliven it.

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**Urban Örneholm** (ed. and transl.), *Four eighteenth-century medical dissertations under the presidency of Nils Rosén*, Acta Universitatis Upsaliensis, Uppsala Universitet, 2003, pp. 284 (ISSN 0526-2859, ISBN 91-554-5789-4).

Nils Rosén was one of the most prominent paediatricians in eighteenth-century Europe, and the author of an often cited textbook. Medical dissertations of the time were written in Latin, and are therefore not easily accessible for most modern researchers. In his linguistic PhD thesis Urban Örneholm has translated four dissertations completed under the direction of Nils Rosén that provide an improved opportunity to explore medical science and the understanding of diseases 250 years ago.

## Book Reviews

Örneholm deals with linguistic characteristics such as orthography, morphology, choice of words, and especially the medical word-stock. Of greatest value for medical historians are, however, the translated texts. *De variolis praecavendis* (Roland Martin, 1751) and *De variolis curandis* (Petrus Jonas Bergius, 1754) both deal with the most feared disease of the century, smallpox. Between 1750 and 1800, 300,000 Swedish children died from smallpox, in a population of two million people. The first text discusses the prevention of smallpox in dialogue with the medical élite of eighteenth-century Europe. With references to, for example, Herman Boerhaave and Thomas Sydenham, the conclusion is drawn that there are good possibilities to prevent the disease. It is interesting to note that inoculation is not mentioned at all. The method was not introduced into Sweden until a few years later, and it seems that mercury and anti-inflammatory remedies were regarded as more important at the time. Nils Rosén later became a great promoter of inoculation, despite the fact that he lost two daughters due to that preventive method.

The dissertations concerning smallpox are illustrative examples of the confusion concerning miasma and contagion. The conclusion is that they are both valid explanations of the disease; the former in the early stages of an epidemic, while the latter was preferred when understanding the infections that followed. Several cases are discussed where the different stages of the disease are described carefully. This provides a good insight into the working manners of an eighteenth-century physician, and his attitude towards the speckled monster.

In *De epilepsia infantili* (Petrus Sundius, 1754) seven different forms of infant epilepsy are defined. They are related to constipated bowels, colic, teething, scabies, exanthemic fevers, and worms. Warm linen and bloodletting are suggested as the best cures for the disease. The fourth text, *De morbis infantum* (Johannes Schröder, 1752) is concerned with a very relevant topic, infant mortality. The infant mortality rate in Sweden during the 1750s was more than 200 per 1,000 live births, and in Stockholm it was almost twice as high. Contemporary

physicians did not know much about the causes behind these deaths. Consequently the most common cause of death in the so-called Tabellverket (population statistics of Sweden beginning in 1749) was unknown childhood disease. In *De morbis infantum* it is stated that mothers, nurses and servants are those mostly to blame. The dissertation describes various methods of preventing or defeating such diseases. It should be seen as an interesting forerunner to the articles on the same topic that Nils Rosén published during the following years. They were later collected in his famous textbook, *The diseases of children and their remedies*, published in 1764 and translated into English in 1776.

Urban Örneholm has compiled and translated four medical dissertations that shed new light on the history of medicine, not only in the Swedish context but also in an international perspective. There is, however, no discussion or conclusions in the context of historical science, although an extensive list of commentaries is attached to each text. Hopefully the book will be used by those scrutinizing the medical world of the eighteenth century, and they should be able to find valuable references within these texts.

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**Kim Sloan** (ed.), *Enlightenment: discovering the world in the eighteenth century*, London, British Museum Press, 2003, pp. 304, colour plates 245, black and white illus. 25, £29.95 (hardback 0-7141-2765-5).

This is a very beautiful book, stylishly presented, lavishly illustrated and beautifully crafted. The editors and the Press need to be congratulated for producing such a work of art.

The book was published at the end of 2003 to coincide with the opening of the newly restored King's Library at the British Museum, as the home of the permanent Enlightenment Gallery. It is not a guide to the gallery. The book has twenty-five chapters organized into five