

twentieth-century Japan – interfaces with the various aspects of philology in the medical domain.

Individually and collectively the essays in this volume successfully demonstrate that the translations at the heart of East Asian medicines viewed from the perspective of philology are multi-dimensional endeavours proceeding along multiple trajectories, often at once. They encompass not only the linguistic translation of words and texts but also the many related activities into which such literal translation is embedded on which it relies: the editing, copying, printing, storage, movement and trading of manuscripts and books; the institutions and technologies that facilitate these activities; and the movement of human actors and the networks that tie them to each other across time and space. This focus makes it entirely impossible to perceive medical traditions in a bounded cultural sense, successfully disabling what was hitherto assumed to be the starting point of any investigation into East Asian medical traditions. In that sense, the volume more than delivers on its promise and will become an essential reference point for scholars in the field.

There are also, however, some shortcomings that need to be pointed out, not in order to distract from the achievements of the editor and contributors but because they relate to wider problems in the field of East Asian medicine itself. Three points in particular stand out. The first, not surprisingly, is the issue of translation itself. Different authors frequently translate the same term (for instance, 證 *zheng* or *sho*) differently without this being made transparent, or without authors constructively engaging with such difference. Secondly, I would have liked to see a greater engagement of authors not only with each other but also with other writers in the field. My final concern relates to how seriously historians should take the technical nature of the practices they analyse. For instance, any clinician conversant with the *Treatise of Cold Damage*, which constitutes the focus of three chapters of the present volume, would find that some of the arguments and translations presented by the authors demonstrate not only a lack of understanding of how its formulas work as a medical practice but even, perhaps, an attitude of carelessness in representing clinical knowledge. Should a historian of chemistry be familiar with the difference between carbon-dioxide and carbon-monoxide, or a practitioner of Chinese medicine know the difference between the Tang and the Ming dynasties? If so, then the same surely might be demanded of historians of any medical tradition, however strange or unfamiliar its practices may seem.

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Valeria Finucci, *The Prince's Body: Vincenzo Gonzaga and Renaissance Medicine* (Cambridge, MA, and London: Harvard University Press, 2015), pp. 273, \$39.95, hardback, ISBN: 978-0-674-72545-4.

In Valeria Finucci's book different dimensions of early modern medicine are shown in interaction with the individual life of Vincenzo Gonzaga, fourth duke of Mantua. Because of Gonzaga's status, his life had repercussions on the political, cultural and social dimensions of the duchy of Mantua and of other Italian states with which the duke dealt. Finucci narrates in four engagingly written chapters the life of Vincenzo Gonzaga 'an alpha male in search of a cause' (p. 9). In this book Finucci skilfully avoids the Scylla and Charybdis inherent in the narration of an individual life, namely, the dangers of generalising out of a single case, and the trap of psychobiography.

In an essay entitled 'Microhistory: Two or Three Things that I know About', Carlo Ginzburg proposes that the best solution for reconciling micro-history and macroscopic perspective is 'a constant back-and-forth between microhistory and macrohistory, between close-ups and extreme long shots, so as to continually thrust back into discussion the comprehensive vision of the historical process through apparent exceptions and cases of brief duration . . . no conclusion attained apropos a determinate sphere can be transferred automatically to a more general sphere' (and vice-versa).¹ By using 'letters, doctors' advice, reports, receipts, travelogues, as well as medical, herbal, theological, and legal publications of the period' (p. 5), Finucci is able to use Gonzaga's life and his numerous interactions with medical treatments, cures and methodologies within the context of much larger issues related to the body's reproductive system, its modification through plastic surgery, and its maintenance through comfort places and pharmaceutical remedies.

Finucci tells Vincenzo Gonzaga's life not as an end in itself, but as a means that allows her to explore up-to-date topics in early modern studies related to the notion and exploration of human body: (1) the medical tradition's complex interaction with the political dimension, as it is expressed and formulated through the treatment of the ruler's body, (2) the capacity of the ruler's body to reproduce and generate heirs for the ruling family, (3) the intricate interaction between the ruler's body and that of the spouse(s), and the latter's ability or lack thereof to conceive, (4) the illnesses plaguing specific parts of the ruler's body – the reproductive apparatus, the nose, the skin – and their treatment vis-à-vis early modern medical theory and practice and (5) the capacity of the ruler's body to fight old age and physical decay through the help of both traditional and novel medical and pharmaceutical remedies found in domestic spaces as well as in exotic sites of the New World.

In the first chapter Finucci narrates the story of Gonzaga's first marriage with Margherita Farnese, which was annulled because of the bride's abnormal body – specifically, her hymen could not be broken and penetrated. This chapter goes beyond the salacious accounts of the repeated tests done to ascertain Vincenzo Gonzaga's virility and ability to perform sexually, and offers an interesting view of the early modern investigation into the male and female reproductive systems, and the notions of normal and abnormal, virginity and chastity applied to Margherita Farnese's body and more in general to the female body. In the second chapter, Finucci studies Vincenzo Gonzaga's interaction with the famous physician and surgeon Gaspare Tagliacozzi, considered the initiator of reconstructive surgery and in particular of rhinoplasty. Through the figure of Tagliacozzi Finucci explores the increasing interest in rhinoplasty between the end of the sixteenth and the beginning of the seventeenth century as a consequence of and response to facial mutilations – nose, but also ears and lips – performed as a metonymical way to 'castrate' the defeated, both in military and social context. The third chapter is focused on Vincenzo Gonzaga's innumerable visits to thermal spas and baths in Italy and Europe. The larger scope of this chapter is to explore the culture of these spaces of care and relaxation and their place, in medical and social terms, in relation to the history of thermalism from the classical to the early modern period. The fourth chapter is dedicated to Vincenzo Gonzaga's search for a cure to his sexual impotence – or to enhance his sexual performance – by sending an obscure apothecary in a rocambolesque trip to the most disparate regions

¹ Carlo Ginzburg, 'Microhistory: Two or Three Things that I know About', in *Critical Inquiry*, Vol. 20, No. 1. (Autumn, 1993), pp. 10–35, quotation on p. 27. Ginzburg refers this idea to Sigfried Kracauer who, in an essay entitled 'The Structure of the Historical Universe' argues that in *Feudal Society* historian Marc Bloch offered the best example for reconciling micro-history and macroscopic perspective.

of South America. In this chapter Finucci explores two important topics: Europe's interest in the New World expressed through images of social and sexual colonisation, and the increasing enthusiasm of herbalists, physicians and scientists in observing and cataloguing new plants, insects and animals.

Finucci skilfully interweaves significant moments of Gonzaga's personal life with important medical and scientific topics of the period, and situates them in the appropriate social, cultural and political contexts.

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Matthis Krischel, *Urologie und Nationalsozialismus. Eine Studie zu Medizin und Politik als Ressourcen füreinander* (Stuttgart: Franz Steiner Verlag, 2014), pp. 220, €39.00, paperback, ISBN: 978-3-515-10849-2.

Medicine under National Socialism has been a focus of systematic research since the 1980s. One aspect that has gained more interest during the past few years is how medical societies were intertwined with the Nazi regime. Studies on German associations of surgeons, anatomists, psychiatrists or neurologists, just to name a few, have recently been completed or are still ongoing. We can now add urologists to that list, specialists who deal with surgical and medical diseases of the male and female urinary tract and the male reproductive organs.

But medical historian Matthis Krischel's doctoral dissertation entitled *Urology and National Socialism* is of interest to a broader audience than the first impression of the main title suggests. His major point is that urologists and politicians exchanged favours to their mutual advantages and thus were 'resources for each other' and that this perspective can also be useful for other research projects.

The narrative starts with a review of major trends in research about medicine under National Socialism. The historiography is up-to-date. As the author shifts from a panorama mode to his focus, it is not quite clear why he chooses to zoom in on the field of urology. Besides stating that urology was the smallest medical specialty (in 1933, only between 100 and 200 German physicians were urologists) and that it thus is manageable to conduct in-depth studies of the predominant people, he could have been more precise in the beginning of the book and explained why this particular branch ought to be highlighted in this context.

In 1933, more than one in four urologists in Germany was classified as Jewish according to the Nazi race laws. Some of them fled to other countries (preferably the United States of America, Great Britain or Palestine). Most of the remaining were murdered in concentration camps or committed suicide, as has already been described by Krischel and his co-authors in previous publications, most notably a two-volume edition from 2011.¹ One tragic example out of many is the destiny of Eugen Joseph (1879–1933), the former associate professor of urology in Berlin who committed suicide in 1933 after he had lost his clinical and teaching positions. Krischel argues convincingly that the majority of German urologists supported Nazi health and race policies, such as the persecution of colleagues,

¹ M. Krischel *et al.* (eds), *Urologen im Nationalsozialismus: Zwischen Anpassung und Vertreibung* (Berlin: Hentrich & Hentrich, 2011); see Krischel in, *Biografien und Materialien*, Vol. 2 of *Urologen im Nationalsozialismus*.