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wet. Alexander concludes that: "The Moscow plague was the extraordinary product of a unique combination of weather, warfare, and textile weaving in a wooden metropolis."

The book reveals the vast scope for research into medical problems in pre-Revolutionary Russia, the availability of the material, and the willingness of the authorities to provide facilities for access. It is a field which is and has been neglected by Soviet medical historians; it has also been neglected by British medical historians, by contrast with some excellent work being done in, for example, Germany and the United States. The many institutions which provided financial support for Professor Alexander's investigations and for publication of his book can congratulate themselves that their money was well spent.

A minor criticism is that the maps are generally uninspiring and their message is not always clearly stated. Map 1 suffers from local congestion in the south-eastern part of Russia – perhaps a large-scale inset would overcome this problem; Map 4 is tilted through 20 degrees and an arrow pointing N is needed; in Map 6 the River Oka is shown as a tributary of the Kliazma, whereas the opposite is the case. But these are small blemishes which, indeed, serve to emphasize the value of the book as a whole as a unique contribution to our knowledge in the West of what is still a largely unexplored field in medical history.

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JOHN A. SHEPHERD, *A history of the Liverpool Medical Institution*, Liverpool Medical Institution, 1979, 8vo, pp. xi, 319, illus., £6.50.

The Liverpool Medical Institution was formally constituted in 1840. The Institution, though housed in a new and impressive building, was, in fact, an amalgamation of two older bodies: the medical library founded in 1779 and the medical society founded in 1833. Mr. Shepherd's book commemorates the bicentenary of this magnificent library. But because the Institution provided for the social as well as the academic needs of Liverpool medical men, the book is also a history of the medical profession in the city.

The concept of a central institution to unite the profession was that of John Rutter (1762–1838), a member of a local Quaker family. He belonged to the circle which included William Rathbone, William Roscoe, and James Currie and which was responsible for the richness of Liverpoolian culture around 1800. Rutter's vision of a medical institution materialized only at the end of his life, but during a crucial period in the establishment of the medical profession nationally. It is unfortunate that the links between the Institution and the medical reform movement are not explored in this book. Nevertheless, we are left in no doubt of the local importance of the Institution through Mr. Shepherd's extensive documentation of its funding events and personalities.

The scandals and arguments generated during the early decades of the Institution are not neglected, but their significance is often lost in the descriptive chronology. The most striking example is the debate which flared up in the 1850s and continued periodically for many years over whether papers on homoeopathy should be accepted

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for discussion. This was clearly part of a more widespread reaction against these unorthodox practitioners who, as trained doctors, could not be dismissed easily as quacks. Homoeopathy was outlawed by the Liverpool profession in the face of considerable lay support manifest through the homoeopathic dispensaries and hospital.

In the account of the Institution in the later nineteenth and twentieth centuries Mr. Shepherd emphasizes the development of specialisms within hospital medicine. The establishment of Liverpool as an international centre for orthopaedics is traced from the 1850s, when the bone-setter Evan Thomas was shunned as a quack, to the 1930s when Thomas's son, Hugh Owen (1834–1891), M.R.C.S., was remembered with respect, and his grandson, Sir Robert Jones, had become a world-famous specialist. Jones's work during the 1914–18 war, when he organized the orthopaedic treatment of military casualties, shaped his subsequent career and, indeed, had enormous implications for the development of orthopaedics generally.

After the First World War the Institution's role changed. Its academic functions were usurped by the local medical school. What happened to the social functions remains unclear, partly because of the lack of systematic membership data in relation to statistics of the local profession.

If the book lacks an analytical framework and does not place events in their national context, the wealth of material in the provinces is nevertheless amply displayed. Mr. Shepherd has made a major contribution to the history of Liverpoolian medicine and his book will provide a much-needed foundation for further investigations.

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ZVI RAZI, *Life, marriage and death in a medieval parish. Economy, society and demography in Halesowen 1270–1400*, Cambridge University Press, 1980, 8vo, pp. xvi, 162, £12.00.

This short book makes a large and fundamental contribution to our knowledge of medieval English demography. It demonstrates that a microscopic study of one locality is the only sure way of establishing the nature of population change and its results in pre-industrial societies. It also shows that complicated issues can be explored succinctly and lucidly. Dr. Razi has exhaustively analysed the court rolls of one West Midlands manor, in order to determine changes in total population and such related variables as age-specific mortality, age at marriage, size of family, and illegitimacy levels. These records have been used for similar purposes before, but Razi's novel and sophisticated methodology makes his work far more reliable than previous exercises. He establishes first that the famine of 1315–17 had a major effect on a parish whose population had been growing rapidly. Yet the famine was not a successful Malthusian check. It slowed down demographic growth without preventing it. The impact of the Black Death and of later outbreaks of plague was much more severe. Roughly forty per cent of the population died in 1348–9, and at least twelve per cent in each of the plagues of 1361, 1369, and 1375. For the survivors, living standards