

The stories shared in this book show contemporary readers that within nurses' disciplinary heritage there exists vast knowledge and skills to address these challenges, if nurses will broaden their view to encompass not just a narrow slice of current scientific evidence but also the sound evidence and theoretical wisdom that the discipline has amassed since Nightingale sailed for Scutari and transformed military medicine. She saved lives and money, both of which are pressing concerns today.

The women whose stories are shared in this volume exuded a powerful sense of mission, whether spiritually or socially motivated. Each faced considerable odds in furthering her cause. Because of this, we find their stories compelling and their accomplishments inspiring even today. These kinds of stories always offer hope that sociopolitical structures can be breached or altered when social justice demands it. Just as social justice demanded that vulnerable populations be served during the lives of these ten women, and just as they responded to and surmounted the challenges they faced, so must we all be galvanised to advocate health care that is accessible, safe, and effective in promoting population health today.

**Nancy C. Sharts-Hopko**

Villanova University College of Nursing,  
Villanova, Pennsylvania, USA

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**David Gentilcore**, *Food and Health in Early Modern Europe: Diet, Medicine and Society, 1450–1800* (London: Bloomsbury, 2016), pp. x, 249, £19.99, paperback, ISBN: 978-1-4725-3497-2.

Early in 2016, a new superfood was heralded in the UK media: black pudding. A necessary component of any 'full' B&B breakfast served in the British Isles, black pudding is a rich, spicy blood sausage made up of pork fat (or beef suet), pork blood, onions, oatmeal and spices. For its supporters, the high levels of iron, zinc, potassium, calcium and magnesium found in black pudding, along with its low levels of carbohydrates, apparently outweighed its high levels of saturated fat and salt and the recent warning of the World Health Organization that all processed meats should be considered carcinogenic. Unsurprisingly, sceptics soon raised their doubts, questioning the evidence on which the claim was made and asking just what qualified as a superfood anyway. Indeed, black pudding did not share much in common with seaweed and avocado oil, the other superfoods of 2016. The consumer, as usual, was left to make up their own mind, flip a coin or perhaps go with Aristotelian moderation and have a small slice, along with some fruit. In the meantime, sales of black pudding soared.

Black pudding is one of many foods that have recently been at the centre of nutritional debate. Are eggs cholesterol-rich killers or low-fat sources of protein? What about prawns? Should we spread butter or margarine on our toast? Is it worse to indulge in foods high in carbohydrates or those high in fat? Or does the rampant success of *The Great British Bake Off* suggest that too often we overlook the emotional, social and cultural benefits of food in our quest for a healthy diet?

For David Gentilcore, author of the marvellous *Food and Health in Early Modern Europe*, such debates and inconsistencies would come as no surprise. Tracing ideas about diet and health found in printed dietary advice from 1450 to 1800, Gentilcore brings together food history and the history of medicine in a thoroughly engaging and – despite its

period – incongruously topical book. Although the regimens provided in printed literature often betrayed ‘an underlying conservatism’ (181), Gentilcore argues that early modern medical writers also responded to evolving dietary behaviour, the emergence of new foods from the Americas and changing medical ideas.

The book structure helps to frame the many themes involved in this complex topic. The first two chapters provide a chronological overview of how dietetics, that is, using diet to prevent disease and to preserve health, waxed, waned and then waxed again in its importance to early modern physicians. Between 1450 and 1650, preventive medicine was in the ascendancy as Galenic ideas about food and health held sway. Paracelsian chemical medicine, with its focus on therapeutics, would marginalise dietetics during the middle of the seventeenth century only for prevention to re-emerge in the eighteenth century, this time under the auspices of Hippocratic medicine.

The remaining six chapters are thematic, with the first three chapters examining the relationship between diet and social rank, regionalism and spirituality and the final three chapters turning to vegetarianism, foods from the New World and liquid foods. Gentilcore demonstrates how, despite shifting medical ideas and the availability of new foods, one’s class, occupation and constitution remained central to dietary advice. The working classes – if they had a choice in the matter – were advised to subsist on plain, substantial food. More refined people required a more refined diet. Cheese, according to sixteenth-century physician Louis Guyon, was good for labourers, soldiers and other hard-working people because of the time required to digest it. Louis Lémery, a Paris physician writing from a different, chemico-mechanical perspective in the early eighteenth century, agreed that it was best suited to labourers and best avoided by ‘old folks and nice persons us’d to an idle life’ (68).

The relationship between nationality and diet, in contrast, became more complicated as Galenic medicine was contested during the seventeenth century. When Galenic medicine dominated, ‘what you were determined what you ate and what you ate determined what you were’ (93). Foreign foods were a threat to one’s health and best ridiculed, as they were. By the eighteenth century, however, one’s taste in food was seen as reflective of, rather than determined by, national characteristics. Similarly, attitudes towards religiously inspired food habits changed considerably during the early modern period and in tune with changes in medical understanding.

It is with the influx of new foods from the Americas that the inherent conservatism of dietary authors emerges fully, to the point that some authors simply ignored their arrival. Although Galenic medicine was being challenged at roughly the same time as potatoes, tomatoes and chillies were finding their way across the Atlantic, it was quite easy for those physicians who did express an interest in them to categorise them into the humoral model. In spite of the reluctance of medical authors to discuss, let alone recommend, such new foods, they became popular, with some, such as potatoes, becoming staples, just as rice had in some regions of Europe during previous centuries. Foreign drinks, such as coffee, tea and chocolate, in contrast, did earn the approbation of some medical writers. Unlike alcoholic beverages, which were considered foods, these new liquids were regarded more as drugs that could be therapeutic if used appropriately. Alcohol, however, remained the ‘social beverage par excellence in Europe’ (180), particularly for labourers and artisans.

*Food and Health in Early Modern Europe* is an excellent resource for both students and academics interested in diet, medicine and early modern Europe more generally and will find its way on to many a class syllabus. Gentilcore has a firm command of the

material, which is presented in a humorous, appealing style that I would welcome from more historians. A thoroughly enjoyable and rewarding read.

**Matthew Smith**

University of Strathclyde, UK

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**Katja Guenther**, *Localization and its Discontents: A Genealogy of Psychoanalysis and the Neuro Disciplines* (Chicago, IL; London: University of Chicago Press, 2015), pp. 296, \$35.00, hardback, ISBN: 978-0-226-28820-8.

At just under 300 pages, this brilliant book punches far above its weight. Katja Guenther, associate professor of history of science at Princeton, has worked as a physician in hospitals in Germany, France and the UK. She also has a research degree in neuroscience from Oxford University and a PhD in history of science from Harvard. This combination of clinical experience, scientific expertise, native German language skills and historical training makes her an ideal guide to the intricacies of nineteenth- and twentieth-century neuropsychiatry.

Guenther begins with a fissure in the contemporary sciences of the brain. On the one hand we have the avalanche of data issuing from fMRI studies, telling us which discrete physical areas of the brain are used in different cognitive tasks. On the other hand we have the ‘connectome’, a multi-site initiative to map the brain’s ‘network architecture’, revealing how cognition emerges from dynamic signaling processes. Guenther points out that these two impulses sit uneasily with one another: ‘When scientists trace the passage of a nervous signal across a brain circuit, it is very difficult to privilege any one part of the path and identify it as the “cerebral location” of a particular function’ (3). She then returns us to the moment in the late nineteenth century when the same fruitful tension played out in European psychiatry and neurology.

Each chapter is named for a site of neuropsychiatric practice: the morgue, the lecture theatre, the couch, the exercise hall, the hospital, the operating room. Laying her groundwork for what is to come, Guenther first takes the reader to the dissecting rooms of mid-nineteenth-century Vienna, where the dominant framework for medical research was pathological anatomy. Correlating symptoms in the living patient with internal lesions revealed at autopsy was the royal road to elucidating the causes of disease. This was, by definition, a localisation project, and in neurology it reached its apogee with Pierre Paul Broca’s 1861 identification of the area subserving the function of speech. Guenther shows how this idea of localisation of brain function was disrupted by the anatomist Theodor Meynert, who revolutionised the lesion paradigm in order better to account for diseases of the mind.

Meynert, Guenther explains, placed higher intellectual functions into the connectionist framework of the ‘Bell–Magendie Law’, a system of sensory input pathways and motor output pathways that supplied a physical basis for reflex behaviour. Debate swirled around this principle in the middle decades of the nineteenth century. Did it only characterise the automatic reflexes? Or could it be extended up the spinal cord to the brain? Various other physiologists had theorised how the sensory-motor system might include higher intellectual functions. Meynert’s contribution to this debate was to complicate the basic idea of a stimulus–response mechanism by adding in a third term: ‘association’.

The introspective ‘association psychology’ of previous generations had attempted to discern law-like regularities in the way that thoughts were linked together. Meynert drew