

humoral theory. Saul Jarcho, an industrious bibliophile, endeavours to show us the views of the physicians who favoured or opposed the bark by, in effect, setting up their books for us on a series of tables, arranged chronologically and geographically. He then guides us through his collection a book at a time, giving a thumbnail sketch of each author, sometimes making a few very general remarks about the period and place in which the book appeared, and then elucidating the passages on the bark contained in it. The library of information that he has gathered for us leads up to his *pièce de résistance*, the works of Francesco Torti. On pages 120–4, he prints his own English translation of Torti's very rare Latin *Synopsis* of 1709 (the Latin text is printed in an appendix); he follows this by devoting a chapter to a detailed account of Torti's *Therapeutice specialis* of 1712 (another appendix discusses the various editions of this work), and then shows us some of Torti's contemporaries, and his reputation. In the first appendix, Jarcho discusses opinions on intermittent fevers held by well-known early modern physicians.

Jarcho does not synthesize the information he has collected. The result is a kind of scientific report, mainly consisting of short paragraphs following one another without much in the way of transitions. He also demands a lot of his readers, pointing them to preceding or following chapters for bits of information, or asking them to draw their own conclusions about matters he brings up. For instance, after a description of the French antimony wars Jarcho invites the reader to compare and contrast "the factors that influenced the history of the Jesuits' bark" (pp. 77–8) and antimony, rather than doing so himself. He neither looks closely into the economic history of the bark, public opinion, or the history of the Jesuits, nor gives the reader much detail about the stories of the bark's use, such as the fascinating successes at the French court of Robert Talbor and Adriaan Helvetius. Nevertheless, Jarcho does make a few explicit and several implicit arguments: he manages to lay to rest the story about the bark being adopted because of the good effects it had on the Countess of Chinchon; he points time and again to the Jesuit connections of the early advocates of the bark; he suggests some of the possible ways in which the bark was marketed, mentioning that the Jesuits ran a number of pharmacies; and almost incidentally, he shows that there was clear evidence that patients were pushing their doctors to use the bark by the early 1650s. The story of the bark is an important one, and all historians concerned with the subject will be able to start with Jarcho's clear report.

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EVAN M. MELHADO and TORE FRÄNGSMYR (eds), *Enlightenment science in the Romantic era: the chemistry of Berzelius and its cultural setting*, Cambridge University Press, 1992, pp. xiv, 246, £30.00, \$49.95 (0-521-41775-9).

In so far as chemistry may be said to have been the most important science underlying medicine in the nineteenth century no historian of medicine can neglect the work of J. J. Berzelius (1779–1848), arguably the most influential chemist of the century. He has been celebrated by many biographical essays, particularly in his native Sweden, and now this collection brings together in English the work of a number of scholars from several countries. Recurrent themes include the newly announced atomic theory and the rise of organic chemistry, but Berzelius is also seen in his wider social setting, as a prolific writer and (in probably the most engaging chapter) as a European traveller whose uninhibited comments on society are as entertaining as they are enlightening.

Not all the material is new and it is far from comprehensive, but by way of compensation a short bibliography is provided. Occasionally some very curious judgments are recorded. Reference to "the deadly blow to vitalism" (p. 32) dealt by Wöhler's synthesis of urea in 1828 can only be explained by the early date (1963) of the original article. Ammonium amalgam is made from ammonium compounds (pp. 144–5) not from ammonia itself (p. 91). There are several side-swipes at "traditional authors", sometimes with justification but woefully underestimating their path-breaking contributions. Dismissive references (pp. 132 *et seq.*) to "chemists-cum-historian" [*sic*] ignore the possibility that a profound knowledge of chemistry could be at least as valuable in understanding Berzelius as the latest fashion in historiography. Can there be any other instance where ignorance (in this case of recent chemistry) is effectively paraded as a virtue?

Modern chemists also feature in a suggestion (p. 220) that "Berzelius emerges the loser" if they express their indebtedness to him (and not to Laurent, as it is argued they should). But is the history

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of science really about “losers” and “winners”, about “credit for having rightly intuited the future”? Is it not more about ideas, their generation and procreation? And the intuitions with which historians are properly concerned are not about the future but about the ever-present regularities of nature. Fortunately several authors (notably Brooke, Lundgren, Rocke and Schütt) deal effectively with this very question.

We no longer have heroes in our subject. But we do have interrogators of the natural world, experimenters of consummate skill, creators of powerful theories that open up new and unexpected vistas in science, and authors whose magisterial writings may be their most lasting legacy. Every one of these was J. J. Berzelius. To any who would know more about the shaping of modern chemical science, about one of its great promoters and especially about early organic chemistry, the book is warmly recommended.

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EUGENE PERRY LINK, *The social ideas of American physicians (1776–1976): studies of the humanitarian tradition in medicine*, Selinsgrove, Susquehanna University Press, and London and Toronto, Associated University Presses, 1993, pp. 317, illus., £40.00 (0-945636-34-2).

Professor Link has written a traditional hagiographic account of American physicians—with a twist. Instead of describing forebears in order to illustrate scientific prowess or therapeutic distinction, he selects past exemplars defined by their social activism. This is a book about heroes and villains, with the repeated warning that physicians who are not “interactionist” in their social relations risk sliding down the slimy slope of Nazi physician atrocities.

At the outset, Link describes five roles that physicians can assume in regard to broader community issues: (1) iatrocenrics who focus only on medicine and are little involved with social change; (2) sanitationists who find order in maintaining cleanliness supported by government aid but fear regulation of the profession; (3) public health advocates who feel social criticism is necessary because sanitation is not sufficient; (4) social activists who keep professional and social concerns in separate compartments in their lives; and (5) those physicians who treat citizenship duties as an integral part of medical practice. Category one is heaped with opprobrium whenever mentioned; category five is presented as the ideal behaviour for a physician. Link feels that the doctor who is not socially active will fall into traps of mislabelling his/her patients as “other” and become a practitioner of biased approach. This is the foundation of his appeal, yet he offers little contemporary or historic evidence that “iatrocentric” doctors treat their patients poorly. He does vilify Nathaniel Chapman of late eighteenth-century Philadelphia for his anti-democracy views, and then mentions his inappropriate use of a patent medicine. Yet when Link comes to Chapman’s contemporary Benjamin Rush, extolled as a shining light of the Jeffersonian democracy movement, he fails to mention the excessive bloodletting that was Rush’s trademark. While assessing these physicians’ practices for quality is an anachronistic exercise at best, this is the only place where Link offers evidence that reactionary physicians practise poor medicine.

Link is not just arguing that social activism is necessary for the model physician, but that such a physician cannot hold conservative political views. His list of politically correct opinions includes being anti-slavery, concerned about the poor, and pacifism. He is unsure about temperance, and lapses from his praise for pacifism when describing the physicians who served against the fascists in the Spanish Civil War. Largely avoiding the complexities that would have arisen from considering these figures within the context of their own time, he keeps a scorecard on how well the physicians ascribed to his own political views.

Professor Link’s training is in American history, and his lack of familiarity with standard works and themes of medical history is obvious. He analyses physicians’ reactions to the temperance movement without knowledge of the active debate on alcoholic therapeutics that was happening simultaneously in the mid-nineteenth century. Whilst making much of Daniel Drake’s nationalistic fervour he could clearly have benefited from the historical literature on antebellum regional styles of medical practice. Although he gives extensive attention to Nathan Davis, who founded the American Medical Association, he lacks sophistication in understanding the impetus towards the medical