

## Book Reviews

Versionen der Griechischen Landwirtschaft', *Der Islam*, 1914, 5: 174–9.

<sup>2</sup> Ibn Sina warned the practitioner that an ill person's diet must be taken into consideration, since immoderate consumption of one kind of food may influence the diagnosis. For example, a reddish urine could be due to the unbalanced ration of the red beet "which is quite common among our people" rather than disease. As we see the diet of this wealthy(?) person, who was at least able to afford medical treatment, was much poorer than the list of foods in *Kanz al-Fawa'id*.

**John Woodward, Robert Jütte** (eds), *Coping with sickness: perspectives on health care, past and present*, History of Medicine, Health and Disease Series, Sheffield, European Association for the History of Medicine and Health Publications, 1995, pp. 224, £19.95 (095270451-X).

This second volume in the 'History of Medicine, Health and Disease Series' is based on the papers delivered at the European Research Conference on 'Coping with Sickness' at Saint Feliu de Guixols, Spain, 2–7 September 1995, co-organized by the European Association for the History of Medicine and Health. Eight of the papers illustrate the interdisciplinary approach to the problems of medical history. They cover a period from late antiquity to the twentieth century and a territory from Britain to China. The anthropologist Arthur Kleinman argues that disease is a family rather than a personal affair in modern China, stating that 90 per cent of schizophrenic patients there marry and stay married. The question is whether diagnostic criteria in China and the West are identical? The answer is provided by the psychiatrist William Fulford in his paper on modern conceptions of health and illness: when values involved in our conceptions of mental illness are *not* shared, it is a recipe for abuse (p. 29). What is "rational" and what is "irrational" in medicine? Karl-Heinz Leven's paper on the

attitudes towards physical health in late antiquity would benefit from posing this question.

The use of medical terms in metaphorical and political senses has a long history. The interplay of politics and medicine, the parallels between body anatomy and political anatomy are reviewed by Roy Porter on the model of gout. It was seen as a constitutional disease and, according to an eighteenth-century writer, "the constitution of a state is in many things analogous to that of the human body" (p. 118). Gout was viewed as a constitutional exile to the foot of peccant matter similar to that of political criminals exiled to Siberia!

The Sovietologist Susan Gross Solomon compares two medical expeditions in Soviet Russia: to Kalmykia in 1925 and to Dagestan in 1927/28, finds something of a sea change in the focus of medical research on national minorities. Once again, one should be careful in using appropriate terminology. "As committed Marxists, the social hygienists insisted that to understand the incidence and spread of disease required the study of social-economical variables; to alleviate or prevent its occurrence required socio-economic change", notes Solomon. In that case all social historians of medicine and the majority of contributors of this volume are "committed Marxists" by definition.

"This volume . . . shows some aspects of childhood and some of adulthood", notes John Woodward in an introductory chapter. Hopefully, future volumes of this series will be more balanced and "adult". But even in its "adolescent" state this book has some interesting and provocative papers.

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