

of ‘parallel experiments’ in Buchenwald and Dachau, which serve as a comparison to Sachsenhausen.

The concluding chapter, ‘Human experiments and testing of medication in National Socialism’, places the previous accounts within the context of contemporary discourse in the field of medical ethics. It was only in 1931 that guidelines for ‘modern treatments’ and ‘scientific experiments on humans’, which were in theory to be viewed as binding, were publically enacted by the Ministry of Health of the Third Reich. However, on the basis of the present study, the fact that they evidently were not heeded under National Socialism is again demonstrated by a glance at the research practice in the concentration camp Sachsenhausen, which lacked all ethical boundaries. The exact reconstruction of the processes surrounding the ‘Zahn inhalant’ nevertheless also reveals that non-conventional medical experiments of this kind could have advanced the perception of the alleged pseudo-science of the concentration camp research.

The replica of the document from 1931 in the appendix and the impressive bibliography of sources and literature round off the book, as do several selected illustrations and a name index, which could prove useful for further research.

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Faith Wallis (ed.), *Medieval Medicine: A Reader*, Readings in Medieval Civilizations and Cultures, XV (Toronto: Toronto University Press, 2010), pp. 563, \$44.95, paperback, ISBN: 9781442601031.

This rich textbook of sources relating to the history of medieval medicine makes a much-needed contribution to this field of study. While Faith Wallis co-edited *Medieval Science, Technology, and Medicine: An Encyclopedia*, published in 2005, no recent synthesis specifically dedicated to the themes, sources and key figures in medieval medicine existed until the publication of the work under review here.¹ Although this book is aimed mainly at undergraduate students and their teachers, providing sources in English translation with explanatory commentaries and a glossary, it is also of great value to advanced scholars seeking to contextualise their research, and of interest to the broader public. Together, the commentaries tell the story of medieval medicine, providing an engaging narrative that enables the reader to develop an increasingly elaborate and nuanced picture of medicine and society in this period.

The three sections of the book, which address, respectively, the mainly practical approach to medicine in the early Middle Ages, the impact of scholarly medicine in the central and later Middle Ages, and medicine’s broader social context in the central and late medieval periods, demonstrate the breadth, variety and complexity of medieval medicine. Wallis pinpoints the period 1050–1250 as a key era of change, when *medicina*, as a ‘practical art’, came to be distinguished from *physica*, ‘a type of book-learning about medicine that was imported from the Arab world, though its roots were in ancient

¹ Thomas F. Glick, Steven J. Livesey and Faith Wallis (eds), *Medieval Science, Technology, and Medicine: An Encyclopedia* (New York: Routledge, 2005).

Greece'.² Before this time, *medicina* encompassed a broad range of meanings, including knowledge and scholarship.³

The first section, addressing *medicina* between 500 and 1100, places early medieval medicine in its broader social, cultural and religious context, with examples of how the heritage of classical medicine was assimilated, and vivid snapshots of the place of medical knowledge in monasteries and secular courts. Most importantly, it demonstrates how, from the very beginning of the medieval period, Christianity and medicine were closely linked, above all through the prominence of healing within Christian doctrine. As the *Lorsch Leechbook* (c. 800) demonstrates, proper medical practice acknowledged the fact that cures were ultimately brought about by God.⁴

Set against this narrative of early medieval medicine, part II demonstrates the extent to which medicine was transformed by its emergence as an academic subject from the latter part of the eleventh century, concurrent with the establishment of the universities and of scholastic thinking. Many of the developments in medicine radiated out of the southern Italian city of Salerno, which was a focus for academic medical teaching, the translation into Latin of theoretical texts, particularly from Arabic, and the rationalisation of medical practice.⁵ Although Salerno played a crucial role, Wallis's selection of sources conveys the varied emphases and controversies shaping scholarly medicine in different parts of Europe between 1100 and 1500. For example, while Lanfranc of Milan in Paris defended surgery's status as a science, reflecting the topicality of this issue in the city, Roger Bacon, in Paris and in Oxford, argued that the study of experimental science and alchemy, another heated issue, was beneficial to medicine.⁶ The texts reveal the important role played by individuals – scholars, practitioners and translators – in shaping the discipline of medicine in this formative period.

The book's final section contextualises these major developments in central and late medieval medicine. The continuing close relationship between Christianity and medicine in the central Middle Ages is underlined: twelfth-century conciliar legislation addressed whether it was acceptable for clerics to practise medicine, now a profitable profession.⁷ This section considers the wider setting in which learned medicine took root: educated physicians competed with a wide range of practitioners, including empirics who emulated the physicians' capacity to diagnose illnesses and prescribe medication. Hospitals for the sick poor proliferated in this period; yet in most of these (the Jerusalem hospital excepted) medical care was largely the purview of professed religious rather than learned practitioners.⁸ Certain diseases, particularly leprosy and plague, both challenged the tenets of Galenic medicine and created new demand for medical interventions and explanations. The place of medicine in society also shifted in this period, with governments taking on public health and medical licencing responsibilities, and the widespread popularity of medical literature such as plague tracts and health regimens.

Part III also broadens the book's scope by considering a wider range of sources and geographical locations. While part II focuses above all on Italy and France, the key sites

² 'Medieval medicine: a reader', in Faith Wallis (ed.), *Readings in Medieval Civilizations and Cultures*, XV (Toronto: Toronto University Press, 2010), xx–xxii.

³ *Ibid.*, xxi.

⁴ *Op. cit.* (note 2), 84–93.

⁵ *Op. cit.* (note 2), 129.

⁶ *Op. cit.* (note 2), 255, 288–92, 317, 326–31.

⁷ *Op. cit.* (note 2), 363–5.

⁸ On the Jerusalem Hospital, see *op. cit.* (note 2), 462–5.

for developments in learned medicine, and on academic medical texts, part III incorporates poetry, eyewitness testimonies (that of a German doctor in early fifteenth century Paris is particularly fascinating) and satirical literature, and addresses Spain, the Latin East, England and other areas.⁹ Admittedly, other regions could have been considered, such as Scandinavia, Germany, the Netherlands, and Eastern Europe, though the addition of further texts would arguably have made the book unwieldy. Similarly, more space might have been given to the role of women as medical practitioners and to the distribution of medical care in the family home and the parish community, though the reader is made fully aware of these dimensions of medieval medicine.

This book might have presented a different narrative of medieval medicine, in which scholarly medicine and its broader social and religious context were integrated throughout. However, the organisation of the book is highly effective, and enables the reader to select specific sections of interest as well as to gain an overall understanding of medieval medicine. The work represents a major feat in scholarship: Faith Wallis has translated many of these sources herself, and presents a valuable analysis of the major developments in this period that shaped many aspects of medicine as we know it today.

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Alun Withey, *Physick and the Family: Health, Medicine and Care in Wales, 1600–1750* (Manchester: Manchester University Press, 2011), pp. xii + 240, £60.00, paperback, ISBN: 9780719085468.

Alun Withey's first book is an important contribution to the history of early modern medicine, uncovering the rich and diverse experience of disease, care and bodily knowledge in Wales 1600–1750. The central proposition of the work is that Welsh healthcare during the seventeenth and eighteenth centuries was not the folkloric, ritual-obsessed, practice that historians have previously presented it as. The paucity of work on the subject of Welsh healthcare – Withey states that it has been thirty years since a whole book has been devoted to the subject – validates the book alone. However, Withey goes beyond simply providing the 'Welsh perspective' to an English-dominated historiographical question: how did early modern people understand and treat disease? Rather, *Physick and the Family* makes a very real and original contribution to the history of pre-eighteenth-century Wales as a whole. The use of both Welsh and English language sources and his focus on linguistic, intellectual and physical exchanges between England and Wales give his argument real credit. Perhaps most impressive are the 3,000 probate records that he brings to bear on his central questions: how did early modern Welsh people experience illness, how were they treated and where did these remedies come from?

The book is divided into three parts. The first and shortest deals with the sorts of conditions early modern Welsh people suffered from. Drawing from recent studies on population mobility, Withey concludes that visiting markets and the significant numbers of wandering traders, vagrants and beggars circulating in seventeenth- and eighteenth-century Wales provided opportunities for the spread of disease. This, crucially, means

⁹ For the testimony of the anonymous German postgraduate student who attended Dr Guillaume Boucher (d. 1410) and Dr Pierre d'Ausson (d. 1409) in Paris, see *op. cit.* (note 2), 348–51, 396–400.