

In their essays, Anthony Grafton first illustrates that some traditions of the Renaissance *artes historicae* emphasized empirical knowledge, while Brian Ogilvie highlights the shared moral and didactic purposes that existed between the portrayal of human deeds and the honest description of natural particulars. Both Ian Maclean and Gianna Pomata address the Aristotelian context in which *historia* gained new meanings. Maclean traces a revised empiricist outlook among humanists to a rethinking of the value of descriptive knowledge in Aristotle's zoological works. Pomata, on the other hand, looks carefully at the uses of *historia* among anatomists and physicians in the sixteenth and seventeenth centuries. These were Aristotelian trained writers who, she argues, looked at *historia* as descriptions of individual parts of the body and who gave such descriptions a preliminary role in the pursuit of traditional questions about function and final cause. Antiquarianism is more centrally the focus of Martin Mulsow's essay, which describes the humanist creation of a new *historia* of religion that combined traditional interest in texts with attention to the description of material artefacts and the customs of peoples. In his contribution, Donald Kelley connects shifts in the meaning of human history to the re-evaluation of *historia*, with the result that history itself emerged as a more methodical and system based subject.

The second part of the collection focuses upon "the working practices of learned empiricism" and gives us specific examples of how some early modern writers joined erudition and empiricism in works related to natural philosophy and medicine. Laurent Pinon discusses the meaning of *historia* in Conrad Gesner's important *Historia animalium*, noting Gesner's emphasis upon practical utility (as opposed to explanation or classification) in an account of animals based both upon contemporary observation and historical reports. Ann Blair uses a study of Theodor Zwinger's inventory of types of human actions, his *Theatrum humanae vitae*, to illustrate the value of the *ars excerpenti*, a tradition of excerpting individual sections from various texts in order to recontextualize them for new purposes. In the writings of the humanist

physician Michele Savonarola, Chiara Crisciani focuses upon how the role of a court physician who was both healer and counsellor helped to connect the writing of civil history with writing *historia medica*. In both cases *historia* meant *casus* (case study) and the description of particulars (*exempla*).

The same emphasis upon *casus* underscores Nancy Siraisi's examination of several Roman medical authors from the late sixteenth and early seventeenth centuries. For these doctors case histories blended with natural history and antiquarian knowledge as different aspects of the practice of *historia*, each requiring attention to material evidence in the discussion of texts, ancient or modern. Finally, Peter Miller offers a compelling study of the day-to-day practices of Nicolas de Peiresc, who in many ways represents the full development of the learned empiricist, effortlessly moving between the description of nature and the study of ancient customs and artefacts, and bringing together the skills of both language and observation as a combined approach to knowledge.

These are first-rate essays, interesting and instructive in their own right and expertly combined by the editors into a collection that makes the whole greater than the sum of parts. The subject of early modern empiricism once again enters the spotlight with this volume and what one sees as a result is the emergence of a scientific sensibility that, rather than being set off from intellectual tradition, results from a synthesis of disciplines.

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Bettina Wahrig and Werner Sohn (eds), *Zwischen Aufklärung, Policy und Verwaltung, zur Genese des Medizinwesens (1750–1850)*, Wolfenbütteler Forschungen, Band 102, Wiesbaden, Harrassowitz Verlag, 2003, pp. 212, €59.00 (hardback 3-447-04822-0).

Medical practice in the latter half of the eighteenth century was faced with several extraneous phenomena: the development of medical administrative regimes covering entire

territories instead of individual cities or smaller governance units; increasing concern with population based public health even during non epidemic periods; and the continuing if eventually unsuccessful attempt to exclude fringe practitioners and fully establish state sanctioned physician dominance. In most countries of Europe, regardless of religion or form of government, the Enlightenment entered and attempted to dominate this transition. In the German territories prior to the Napoleonic period, these largely institutional developments were carried out under the banner of the new administrative science called Cameralism, which carried over from an earlier period the concept of introducing good order through the concepts and approaches of a medical police or *Policey*, an ambiguous term immortalized by Johann Peter Franck.

The title of this fascinating little collection of essays emanating from one of the major troves of early modern statecraft and centres of medical policy making—the Herzog August Bibliothek in Wolfenbüttel—reflects the editors' concern with this interaction. The contributions, presented in German even in the case of its two American contributors, reflect these topics. Part I summarizes the discourse between *Policey*, Enlightenment and medicine in terms of institutional history, the history of ideas, and the new media of public discourse such as journals. These are presented by two social and medical historians and a historian of science: Sybilla Flügge, Bettina Wahrig, and Werner Sohn. Wahrig offers a detailed and substantial account of the role of journals in the creation of a civic consciousness of medical events and public health. Sohn concentrates on the role of the state (here, Prussia) in establishing modern public health as a major mode of governance. His arguments are countered by a slightly contrarian but quite convincing discourse by Thomas Broman, who challenges the singular concentration on governance mechanisms by the state to the exclusion of the market, an approach still prevalent among many German historians.

Part II focuses on transitions and exclusions in medical provider services and the continuing attempts to enforce medical hierarchies. Jutta

Nowosadtko offers interesting data on the medical competence and practice of executioners, who during the early modern period were authorized to deal in human parts for therapeutic purposes; Chistine Loytved deals with the emergence of well trained but subordinate midwives, and Gabriele Beisswanger discusses the pharmaceutical market in Braunschweig Wolfenbüttel at the turn of the nineteenth century.

Part III addresses care and self-care—although here the editors did not come up with a convincing tie between contributions: Iris Ritzmann demonstrates the important emergence of paediatrics and the demand for paediatric care, including the self-help resources that pervaded both the literature and probably the practice in both Europe and the less well provided North American provinces. Eberhard Wolff focuses on a forgotten predecessor to the history of German sick funds—here the transition from Jewish charity to sick funds in Berlin around the turn of the eighteenth century. In a valuable and challenging contribution, Mary Lindemann, the North American authority on early modern German history of medicine and an inveterate advocate of archival research, resumes the larger debate promised in Part I. In a historiographical overview, and invoking Ranke's classic injunction to recreate what really happened, Lindemann examines the advantages and drawbacks of social constructivism in current and past histories of medicine both in Europe and North America. Directing particular attention to the concepts of health and illness—a topic on which she has done considerable work—she observes that social explanations of illness—in women, the poor, the lower classes in general but also the rich and intemperate—are hardly new, having served both to fill etiological lacunae and prove political points since well before Foucault.

A few editorial quibbles: in an entirely German language volume, a substantive index would have helped those not well versed in German to identify specific topics or arguments. And for explicit awareness of the considerable administrative and demographic differences among German and Austrian territorial and dynastic entities, the reader must turn to Thomas

Broman's larger discussion of the lack of convergence between professionalization, medicalization, and enlightened absolutism. In all, however, this collection of essays is a valuable successor—enriched by modern methodologies and insights—to George Rosen's and Erna Lesky's classical works on eighteenth-century medical *Policey*.

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Virginia Berridge (ed.), *Making health policy: networks in research and policy after 1945*, *Clio Medica* 75, The Wellcome Series in the History of Medicine, Amsterdam, Rodopi, 2005, pp. vi, 338, €75.00, \$94.00 (hardback 90-420-1824-0).

Virginia Berridge opens her introductory chapter with the words: “‘Evidence-based policy’ has become a popular and a political mantra in the last decade. It seemed self-evident in the late-twentieth and early-twenty-first centuries; of course policy and practice should be based on the best available evidence, research or science.” She closes, however, by pointing out that there has not been a rational relationship between research and policy making in health: “policy framed evidence rather than the other way round” (pp. 5, 29).

The collection of case studies in this volume provides abundant evidence to support this claim. All the authors work or have been members of the history group at the London School of Hygiene and Tropical Medicine. The breadth of interests of this group has been a major strength, because it has allowed it to explore in detail not only the diversity of influences that bear down on policy makers, but the problems and debates about the “evidence” that they are supposed to use. Luc Berlivet goes directly to the heart of the matter in his chapter “‘Association or causation?’ The debate on the scientific status of risk factor epidemiology, 1947–c.1965’. He describes the rise of chronic disease epidemiology towards its current status as a dominant research technique in medicine, using as his example what the celebratory historians are right to describe as the

classical pioneering paradigmatic study, the aetiological role of tobacco smoke in the causation of lung cancer. In spite of the strength of the association, the conclusion of a causal link reached by researchers like the statistician Bradford Hill and the physician Richard Doll was contested. Berlivet's account shows that the sceptics were defeated not only by the accumulation of more epidemiological evidence and by the identification of carcinogens in the smoke itself, but by the undermining of the standing of those opponents with tobacco company links by the questioning of their objectivity.

So even if the acceptance that smoking caused cancer was a success for chronic disease epidemiology, its triumph was not achieved without difficulties. Other chapters describe and analyse its application to more complex problems. Betsy Thom discusses alcohol policy from 1950 to 2000; Mark Bufton looks at ‘British expert advice on diet and heart disease’; and the rather limited impact of science on the provision of renal dialysis and intensive care in the UK is described by Jennifer Stanton.

Stuart Anderson concludes his examination of British hospital pharmacy policy from 1948 to 1974 by saying that the policy process “is very much determined by the wider social, economic and political climate in which it operates” (p. 213). Virginia Berridge in her account of smoking policy in the 1970s points out that climate setting from this time was much influenced by the media. Media management and policy determination and implementation have in recent years gone far past the point of disentanglement; Kelly Loughlin's chapters on ‘The changing role of press and public relations at the BMA, 1940s–80s’ and ‘Reporting science, health and medicine in the 1950s and the ‘60s’ demonstrate why.

A theme running through many chapters is the decline in the influence of doctors on policy—and an increase in the converse. Sarah Mars in her study on drug misuse shows how guidelines—not evidence based—led to losses in clinical autonomy. It is right that when historians study the making of policy they should investigate the doings of expert advisory committees. The big