

Book Reviews

Furthermore, the editors also provide short biographical data on each contributor. The book is finely printed and the fact that no plates are included is fully justified by the very modest price. The *Ärztelexikon* makes a useful tool for historians, as well as very informative reading for all others interested in the history of medicine.

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Danielle Gourevitch (ed.), *Médecins érudits de Coray à Sigerist. Actes du colloque de Saint-Julien-en-Beaujolais (juin 1994)*, De l'Archéologie à l'Histoire, Paris, De Boccard, 1995, pp. 230, no price given (2-7018-0095-1).

The historiography of the history of medicine is still in its infancy, and these essays can thus all be commended for the new information they bring to bear on the lives of their subjects. They form a varied collection. Laennec, Sudhoff and Sigerist are familiar names to modern medical historians; Sprengel, de Renzi, Daremberg, and Haeser wrote major works, once standard and not entirely superseded today; Korais, Ermerins, Bussemaker, and Petrequin are still required reading for the specialist in ancient Greek medicine; but of Broecx and Rosenbaum the glory has long departed. The volume centres upon the Parisian scholar-librarian Charles Victor Daremberg and his circle, and on the period from 1820 to 1870, which is said to mark the transition of classical Greek medicine from a living medical tradition to an object of academic erudition. But this claim is never properly explored, largely because the authors are distinguished philologists, not historians of medicine. There are hints at what might have been achieved in the essays on Sprengel and Laennec, but the significance of Petrequin's work on Hippocratic surgery, for instance, cannot be appreciated without an understanding of debates at the time among French surgeons.

This classicist bias might be justified, if the authors could then show just why these long-dead writers continue to be read.

Unfortunately, only Professor Jouanna, in a typically lucid piece on Korais, and M Touwaide, on Sprengel, explain to the non-classicist the significance of the methods and achievements of their subjects within their own field of classical philology. For the rest, a list of works, biographical data, and academic gossip suffice. The individual scholars of the past are not discussed within a context of the development of philology, ancient medicine, history, or modern medicine. Antiquarian personal detail, albeit interesting, takes the place of historiographical argument.

Only the final two papers, by Dr Rütten on Sudhoff and Professor von Staden on Sigerist, really engage with wider intellectual challenges. Rütten vigorously assaults the image of Sudhoff as the genial Nestor of German medical history, an image carefully fostered and enforced by the great man himself. But his somewhat naive horror at Sudhoff's Nazi last years—given all that had gone before, it would have been surprising if Sudhoff had not joined the party in 1933—is no real substitute for an examination of why and how Sudhoff achieved his primacy as a medical historian. Von Staden's piece, the best in the volume, is also the only one to try to set his theme, Sigerist's engagement with the Greeks, in its intellectual context. He rightly notes the curious self-identification of Germans with the classical Greeks, and Sigerist's typical idealization of the Greek achievement, but I missed a comparison with Jaeger's *Paideia*, and with other Germans who turned away in the 1920s and 1930s from the "heavy industry" approach to history and philology to the purer world of eternal ideas.

Above all, there is no sense in this volume of medical history being written at a time of major changes in both classics and, especially, history. The work of Haeser, Daremberg and de Renzi needs to be considered alongside the explosion of documentary collection and editing represented for instance by the *Monumenta Germaniae*. It is no coincidence that Greenhill, the friend and collaborator of Daremberg, was also a favourite pupil of Thomas Arnold, and acquainted with many of

the new Oxford historians of the 1840s and 1850s. Sudhoff's characterization of his own place as a (or the) medical historian bears comparison with that of Treitschke, Diels, or Wilamowitz, and with the aims (and limitations) of Wilhelmian scholarship in general. Without this wider intellectual context one cannot see properly the development of medical history as a specific historical discipline, and a finer understanding of the development of medicine than is shown here is necessary to explain the transition from Hippocrates the physician to Hippocrates the philological text. This volume marks a useful beginning by setting out some essential biographical and bibliographical data, but there still remains much to do.

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J A I Champion, *London's dreaded visitation: the social geography of the Great Plague in 1665*, Historical Geography Research Series No. 31, University of Edinburgh, 1995, pp. xiv, 124, £7.95 (1-870074-13-0).

The slim size of this volume camouflages a large agenda. Justin Champion's computer-assisted statistical analysis of the relationship between the "mortality crisis" of 1665 and the "material infrastructure" of metropolitan London invites a lively, on-going debate. The book is framed by a bold methodology, specialized terminology, complex writing style, and extensive corpus of tables, figures, charts, and maps bristling with assumptions. Dr Champion has worked with an impressive body of sources (many not cited), incorporating and going far beyond that basic tool of historical demography, Crisis Mortality Ratios. His overall agenda could not be more challenging and doctrinaire: "This investigation . . . approaches the question of the relationships between patterns of death (seasonal, sexual [i.e. gendered] and spatial) and social structures in Restoration London and Westminster by *eschewing biomedical theory*

[italics mine] and concentrating instead upon the material structures of urban life" (p. 2). The book's ultimate and laudable goal is to go beyond the cliché that this was "the poore's plague", by asking why the poor suffered so grievously.

There is some logic to studying mortality patterns of the Great Plague without concentrating on plague as the overriding "cause". However, Champion's dismissal of drawing on modern medical knowledge as "anachronistic" seems unnecessarily absolute. The conclusion that "epidemics" other than plague were also involved in the mortality crisis of 1665 is promising, but unconvincing without recourse to medical authorities of the time whose observations the author deems "speculative". Pleurisy was acknowledged as epidemical, but massive deaths from "surfeit" seem medically unlikely. Whatever "plague" was in 1665 (Champion always placing it in quotes), its symptoms were well and widely known, and usually easy to identify even by the much maligned "searchers". More pertinent to this monograph, many of the surprises that computer-assisted techniques elicit in the vagaries of the path of the mortality of 1665 may be explained in part by the haphazard travels of the rat flea, *Xenopsylla cheopis* (dismissed in the book as part of "the rat-flea theory").

The quantitative findings of this study were drawn in large part from ten model parishes in different parts of the metropolis, chosen for their socio-economic differences and for having sources that enabled status to be linked with mortality. The result is a much more detailed charting than previously attempted of the variations in "epidemic mortality" throughout metropolitan London in 1665: by acreage, parish, household, assumed wealth and poverty, relative age, gender, and seasonality. This mapping contains some debatable premisses, while confirming many long-held generalizations. Explaining the reasons behind who died, when, and where leads the author from the quantitative arena into speculative reasoning, drawing on "literary" sources. The greatest unknown