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of Shatzmiller's evidence points in that direction also. One might also add that the claims made at the end of the century for a new Greek-based medicine would have helped to speed up this process, for few Jews had the opportunity to learn Greek, and their preference for practical medicine in the Arabic tradition was easily dismissed as old-fashioned. In short, this is a fascinating little book, that opens up many new perspectives on medieval medicine.

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Volker Hess, *Von der semiotischen zur diagnostischen Medizin: Die Entstehung der klinischen Methode zwischen 1750 und 1850*, Abhandlungen zur Geschichte der Medizin und der Naturwissenschaften, vol. 66, Husum, Mathiesen Verlag, 1993, pp. 346, DM 98.00 (3-7868-4066-0).

Following Erwin Ackerknecht and Michel Foucault, the development of the modern concept of diagnosis in the first half of the nineteenth century is usually linked with the rise of the Paris Medical School. Hospital medicine, pathological anatomy, localistic "surgical thinking", percussion, and auscultation are believed to have shaped diagnosis as a process of identifying circumscribed disease entities. This new way of perceiving illness replaced the traditional doctrines of symptoms and signs (semiotics) and the eighteenth-century nosological classifications built on them.

Hess looks into this shift from semiotics to diagnosis, asking how and why it occurred, especially in German medicine. In the first third of his study, he guides the reader through concepts of disease classification and semiotics from Thomas Sydenham's *Observationes medicae* (1676, German 1786), via Ernst Anton Nicolai's edition of Samuel Schaarschmidt's *Semiotic* (1756) and Hieronymus David Gaub's *Institutiones pathologiae medicinalis* (1758, German 1784), to Johann Georg Zimmermann's *Erfahrung in der Arzneykunst*

(1763–64) and Philippe Pinel's *Nosographie philosophique* (1789, German 1829). Several efforts to transform traditional, rather schematic and prognosis orientated symptomatology are highlighted: Nicolai's attempt to provide a physiological foundation with Friedrich Hoffmann's iatromechanics; Zimmermann's concept of the medical "genius" who draws almost instinctively the right conclusions from his clinical observations; Pinel's "method of analysis" (based on Étienne de Condillac and Pierre Cabanis), which abstracted nosographic categories from the most frequent symptoms or combinations of symptoms.

However, Hess sees modern diagnosis coming only after a "radical change" in German medicine and science around 1800, to which he devotes the second third of his book. Such change was brought about, as he describes it, by Immanuel Kant's concept of scientific knowledge, the fight over, and partial adoption of, Brunonianism, by *Naturphilosophie*, and by the new comparative method in German natural history. John Brown's doctrine, argues Hess, was welcomed by many German physicians as a theoretical foundation of medicine that seemed to fulfil the Kantian demand for a scientific system. Building on the relevant studies by Nelly Tsouyopoulos, he analyses the nosology of Andreas Röschlaub, who was influenced both by Brown's system and the natural philosophy of Friedrich Wilhelm Schelling. An understanding of disease as an autonomous organic process, unfolding within the patient's body, is observed here. Röschlaub's nosology seemed to move away from classification towards a pathogenesis of disease. A pull again in the opposite direction (i.e. towards classifying diseases), suggests Hess, came with comparative natural history, for which he takes Karl Friedrich Kiehmeyer as an example. The aim was now to discover real, "natural systems", which had their foundations in the laws of nature, rather than to set up classifications as didactic and practical aids.

A synthesis of these two divergent tendencies, and thus a concept of modern

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diagnosis, was eventually achieved (in Hess's account) by the Natural History School of Johann Lukas Schönlein, which is discussed in the last third of the book, following on from Johanna Bleker's standard work in this field. In the 1830s and 1840s Schönlein and his pupils developed a methodical concept of seeing disease as an *ens sui generis*, of describing its symptoms, exploring the underlying pathological processes (with chemistry, microscopy, and autopsy), and formulating "nosological units" in view of a future natural system. Under attack from the advocates of a purely physiological medicine (*Physiologische Heilkunde*), such as Carl August Wunderlich, who rejected circumscribed disease entities and understood the ontological element in Schönlein's concept as an unsubstantiated belief in parasitism, the natural history method was transformed into the clinical method. Schönlein's pupils Conrad Heinrich Fuchs, Carl Canstatt, and August Siebert, who all filled clinical chairs in important German universities, used the ontological conception of disease merely as a clinical operational term and finally gave up the aim of a natural system. What was left was the diagnosis and clinical investigation of disease entities in a modern sense.

In following Hess's account one might be tempted to assume a specific German route towards modern diagnosis, that was shaped by ontological ideas stemming from *Naturphilosophie* and comparative natural history and that thus differed from the path mentioned at the beginning. However, a qualification must be made here. This book is a virtually pure history of ideas. It deliberately abstains from exploring the social context of hospital medicine and its effects on medical practice and experience. The results may therefore reflect to a great extent Hess's historiographical approach and selection of sources. Yet even with this reservation his study should be welcomed for adding a new perspective to the historiography of the clinical method.

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Bulletin of Tibetology: aspects of classical Tibetan medicine, special volume of 1993, Gangtok, Sikkim Research Institute of Tibetology, 1993, pp. xii, 128, illus., Rs 245.

In this special issue of the *Bulletin of Tibetology* Marianne Winder has edited the proceedings of a symposium held at the Wellcome Institute for the History of Medicine, London, on 18 April 1986. As pointed out by Rechung Rinpoche in the preface, the volume is dedicated in honour of the late Terry Clifford. The first article, an appreciation of Dr Clifford's life work by Arthur Mandelbaum, has been unintentionally omitted and will appear in the February 1995 issue of the *Bulletin of Tibetology*. Winder's 'General Introduction' (pp. i–ii) is followed by Clifford's own contribution, 'Tibetan psychiatry and mental health' (pp. 3–14). This is a study of three chapters (pp. 77–9) devoted to demonic possession, madness and epilepsy, from the third of the *rGyud bzhi*, the "Four Treatises" which are the foundation of Tibetan medicine. The author argues that Tibetan psychiatry is a complete tradition of aetiology, diagnosis and treatment, as well as a holistic system related to the Buddhist doctrine.

The second paper, 'Diagnosis and therapy according to the *rGyud-bzhi*' (pp. 17–35), by Elisabeth Finckh, deals with 180 terms found in chapters 4 and 5 of the first of the "Four Treatises" concerning diagnosis (observation, feeling the pulse and questioning) and therapy (nutrition, behaviour and medicaments). This traditional classification is illustrated in two painted scrolls appended to Ronald Emmerick's paper in the same volume (pls ES12–3).

In 'Past, present and future life in Tibetan medicine' (pp. 40–52), Trogawa Rinpoche discusses chapters 2 and 7 of the second of the *rGyud bzhi*, dealing with death and birth: presages of on-coming death, the intermediate experience between death and rebirth known as *bar-do*, and physical and environmental circumstances conditioning birth. The author closely relates medical notions to the Buddhist doctrine, and defines Tibetan medicine as "an