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'Scientists and Charlatans' (pp. 257–331), Gillispie goes on to show doctors endeavouring to define more clearly the contours of their profession by attacking what they saw as medical quacks. Entertaining full-dress treatments of the medical careers of Mesmer and Marat illuminate the general theme.

Gillispie's general thesis is not, it is true, novel in regard to medical science. However, the book's breadth of scope allows medical developments to be placed against the wider panorama of Enlightenment science. The biographical and institutional approach may at times lack theoretical edge; but it makes for diverting as well as instructive reading. At the end, one emerges with a clearer sense of the world of emulation and research, government sponsorship and private patronage, professional overlaps and personal quirks and eccentricities which Enlightenment scientists inhabited.

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JOHN BLOCK FRIEDMAN, *The monstrous races in medieval art and thought*, Cambridge, Mass., and London, Harvard University Press, 1981, 8vo, pp. xiii, 268, illus., £14.00.

This fascinating account of the monstrous and fabulous races that peopled the fringes of the medieval world offers many revealing sidelights on medicine. We meet the children of Adam who ate forbidden herbs and begat monsters; theologians and lawyers, as well as the physician Pietro d'Abano, discussing the religious and possibly human status of monstrous births; and, somewhat belatedly, believers in a pre-Rousseau noble savage wandering in the woods. The common Hippocratic theory of environmental and humoral determinism easily led to the unfortunate conclusion that the Negro was irrevocably inferior, no matter how sophisticated his social organization. Galen's opinion of the Negro, as reported in Arabic sources, confirmed this necessary degradation: the Negro's excessive emotionalism was the result of a natural imperfect organization of his brain, which led to a weakness of intellect, as inevitable as his curly hair, thin eyebrows, dilated nostrils, thick lips, sharp teeth, smelly flesh, black colour, long feet and hands, and large genitals. (al-Mas'ūdī, *Les prairies d'or*, tr. B. de Meynard, Paris, 1861, I, 162; cf. Ibn Khaldūn, *Muqaddimah*, tr. F. Rosenthal, Princeton, 1958, I, 175.)

These arguments were transferred to another context by Sepulveda in his famous argument in 1550 on the best way to propagate Christianity in the New World. Nor has a voyeuristic delight in curious customs of marginal tribes entirely disappeared from some departments of anthropology. Unlike the phallic pictures on the walls of Råby church in Denmark, figs. 59–62, ideas need more than whitewash to be destroyed.

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DANIELLE JACQUART, *Le milieu médical en France du XII^e au XV^e siècle*, Geneva, Librairie Droz, 1981, 8vo, pp. 487, [no price stated], (paperback).

Dr. Jacquart completes her revision of Wickersheimer's *Dictionnaire biographique des médecins en France au moyen âge* with a second *Supplément* and a social study of the named doctors, surgeons, barbers, *mires* and lesser practitioners, both within a single volume. The two parts fit unhappily together, especially as the supplementary data could not be taken into the analytical account.

Aided by the computer and many graphs, maps, and tables, Dr. Jacquart sketches the development of the medical profession in France. Although she is duly hesitant about generalizations whose bias may reflect the absence of historical records rather than the true historical situation, she makes a good case for seeing two crucial periods in the development of the medical profession in medieval France. The first, at the end of the thirteenth century, marks the beginning of the organization of the various groups within medicine; the second, the last half of the fifteenth century, indicates the gradual replacement of the clerical by the lay physician. She also has good things to say about the influence of Montpellier and Paris Universities, and on the effects of the removal of the Papal court to Avignon in the fourteenth century. But France still seems far more sparsely provided with healers than contemporary Italy or even,

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following Dr. Charles Webster, England in the sixteenth century, and some of Dr. Jacquart's dilemmas might be resolved by further investigation into local archives. Her computerized percentages appear impressive, but until more is known about the general archival base on which they are made, they should be treated with some caution. But the attempt to use Wickersheimer in this way is worthwhile, and Dr. Jacquart deserves our thanks for carrying it out accurately and lucidly. Alas, the illumination given by the eighty pages of graphs and tables is not continued by the provision of a full index of names and places.

I append two corrections and two references: p. 132, on treatment of plague victims, add Brignoles (J. N. Biraben, *Les hommes et la peste*, p. 129); p. 133, the *Reformatio Sigismundi*, is not an imperial edict, but a later piece of propaganda, see Sudhoff, *AGM* 1929, 21, pp. 228–239. Jean de Sainte-Croix (D) is also mentioned in *Bibl. Nat.*, fonds lat. 6865, fol. 215 v.; and much new evidence for Nicolas de Reggio (D) and his stay at Avignon glimmers in G. Pezzi, *Atti della IX Biennale di Fermo*, 1971, 229–233.

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ROGER SMITH, *Trial by medicine. Insanity and responsibility in Victorian trials*, Edinburgh University Press, 1981, pp. ix, 238, £15.00.

The history of British psychiatry in the nineteenth century has recently attracted considerable scholarly attention, most of which has been sharply critical of an older tradition that explains developments in this period as the straightforward product of a rising tide of humanitarian sentiment combined with the steady growth of scientific knowledge and understanding. For the most part, however, the new work has concentrated upon the social and institutional history of madness and its treatment. One of the most welcome features of Roger Smith's new book, therefore, is his emphasis on the need for renewed attention to the *content* of medical knowledge, and his demonstration of the value of incorporating an examination of this material into revisionist analyses.

Smith eschews the "famous trial" approach to medico-legal history in favour of a more comprehensive and unified attempt to elucidate the issues surrounding the use of the insanity defence between the 1830s and the 1870s. As he points out, use of the defence was not common, being largely confined to capital cases. Still, it attracted attention out of all proportion to the frequency with which it was invoked. Among alienists, the question of their role in determining the boundary between insanity and criminal responsibility was naturally a highly charged and symbolically crucial issue, given their aspirations to professional status. But more generally, the acceptance or rejection of the insanity plea was related to fundamental philosophical and moral differences and difficulties over the interpretation of and attribution of responsibility and/or causation for human action. Hence it cannot be surprising that among Victorians (as among ourselves) the process of drawing boundaries between insanity and responsibility was endlessly and fiercely controversial.

As Smith points out, alienists sought to remove their discourse to a plane where it would be accorded the objectivity of physical science. Madness, they claimed, was a somatic condition, the product of physical abnormalities, structural or functional, in the brain, other nervous tissue, or the neural blood circulation. In turn, physicians' privileged access to such knowledge (on the basis of their clinical and diagnostic skill) ought to secure for their judgments a unique and unchallengeable truth status. And given that their account of the relationship between insanity and behaviour was deterministic in form, the moral issue of responsibility dissolved in confrontation with scientific objectivity.

Obviously enough, in rejecting the language of guilt for that of disease, medicine threatened profoundly to undermine the social rituals of retribution on which the criminal law was founded. Legal discourse, by contrast, remained wedded to a commonsense schema wherein will or intention, the voluntary basis of action, assumed a central place, and in which the presumed presence or absence of certain mental states was crucial to the assessment of responsibility. Notwithstanding efforts to achieve verbal compromises, Smith argues – correctly I think – that the two discourses are essentially incommensurable; and, equally