

Book Reviews

the Michaelis-Jena Ratcliffe Prize for Folklore in 1993.

Some interesting generalizations emerge: the difference commonly understood between the medicinal activity of roots as opposed to shoots or leaves; the multiple uses of a single plant; the disdain for polypharmacy. In passing, Hatfield argues that the doctrine of signatures was unlikely to be much used by country dwellers in the form proposed by Paracelsus. She suggests instead that signatures emerged by reverse osmosis, so to speak, in that it would be only natural to seek a memorable feature of a plant that helped specific conditions. The yellow bark of the barberry might serve as a mnemonic that the plant itself (not the bark) was useful for jaundice. Elsewhere Hatfield proposes that the magical, mythic elements attached to this form of vernacular and domestic knowledge arose not so much through self-medication but rather crystallized around those people in a community usually referred to as healers.

All this is illuminating, a salutary message that the history of medicine is largely a history of learned medicine that leaves the common experience of plant lore and plant use relatively undocumented.

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Christian Bonah, *Instruire, guérir, servir. Formation, recherche et pratique médicales en France et en Allemagne pendant la deuxième moitié du XIXe siècle*, Presses Universitaires de Strasbourg, 2000, pp. 623, €22.87 (paperback 2-86820-122-9).

The first duty of any reviewer is, of course, to give credit where credit is due. In this instance, the author deserves generous praise for an uncommon effort to construct a scholarly account based not only on an impressive array of archival sources but also

a wide and accurate survey of secondary literature in three languages. This comparative treatment of Franco-German medical institutions in the late nineteenth century originates fittingly in Strassburg, rather than in Paris, since Christian Bonah's immediate focus is Alsace and Lorraine in the years following the war of 1870. Specifically, he concentrates on the installation of new medical faculties at Nancy and (for nearly fifty years thereafter) Strassburg. The result is a thick and substantial volume that merits the attention of his fellow researchers, especially but (one hopes) not exclusively in medical history.

The book works best as a monograph. In his finest pages Bonah convincingly analyses the similarities and differences between the two nascent medical schools. Programatically he rejects an approach that would rate one as superior to the other, but much of his evidence suggests the weakness of Nancy relative to its trans-Vosgesian rival. That imbalance begins with the fact that Berlin accorded the Kaiser-Wilhelms-Universität in Strassburg a budget ten times that of its French counterpart. Accordingly, the former fitted into a pattern in which Germany could boast of more medical facilities, more professors, more students, better physical plants, and greater international prestige. Above all, before 1914, German medicine attained a far higher degree of specialization in the care of patients and in research. For these reasons, *malgré lui*, Bonah describes Strassburg as a "showcase" (*vitrine*) for a dominant German science, whereas Nancy retained a more modest role as an observatory and medical liaison between the nations. He thereby acknowledges that a scientific "gap" (*décalage*) was opening, of which his two examples are illustrative.

In his attempts to generalize from the monographic evidence, Bonah encounters a number of methodological problems. He fails to adopt a clear order of presentation, creating some confusion and undue redundancy. His treatment of the general

Book Reviews

course of Franco-German history is often clogged with textbook prose and competing topical or chronological conceptions. He displays an annoying penchant for series: two of this, three of that, four of the other, etc. The sometimes blurred relationship between matters small and large is reflected in Bonah's evident indecision about what belongs in the text and what should be relegated to the footnotes (which contain some of his most interesting observations). Thorough pruning and tighter construction would have served him well.

If such difficulties tend to prevent Bonah's study from becoming a paragon of comparative history, they do not vitiate the perspicacity and basic soundness of his work. His volume is certain to find a secure niche amid the growing historical literature dedicated to a richer understanding of the differing internal structures and common interactions among nations in the European heartland.

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Nicolaas A Rupke (ed.), *Medical geography in historical perspective, Medical History*, Supplement No. 20, London, The Wellcome Trust Centre for the History of Medicine at UCL, 2000, pp. xii, 227, illus., £32.00, US\$50.00 (hardback 0-85484-072-9).

"In the course of the nineteenth century," Nicolaas Rupke and Karen Wonders observe, "medical thinking took a significant spatial turn" (p. 163). Back in June 1996, a three-day symposium on the nature of this nineteenth-century "spatial turn" in medical thinking—organized under the title 'Medical Geography in Historical Perspective'—was held at the Georg-August Universität Göttingen. The present volume, published as a supplement to *Medical History*, is a collection of papers from the

Göttingen symposium, augmented by several later contributions. The end product is a fascinating series of scholarly delvings into the nineteenth-century origins and development of medical geographic thought and practice.

Consistent with a subject that took its disciplinary lead from medical science, most of the contributors to *Medical geography in historical perspective* are historians of science and medicine; only two (Frank Barrett and Anne Buttner) claim a formal academic allegiance with geography. Adopting a thematic structure, the resulting essays—thirteen in all—are divided into five main sections: 'Introduction'; 'European national practices'; 'Colonial discourses'; 'Cartographic representations'; and the concluding 'Epilogues'. The ambitious and wide-ranging introductory chapter 'Histories of medical geography' by Conevery Valenčius provides an excellent foundation for the collection. Tracing two centuries of medical geography, from its origins at the juncture of medical science and physical geography, through to late-twentieth-century debates on health and place, Valenčius teases out the threads that bind the intellectual inheritances claimed by medical history and medical geography. In so doing, she argues cogently for dialogue between these, and allied, disciplines.

As with European geography more generally, nineteenth-century developments in medical geography were closely aligned with issues of empire, race and state power, and these issues come to the fore in 'European national practices'. Here, successive chapters explore such diverse themes as imperialism, expeditionary medicine and the evolution of French medical geography (Chapter 2), medical topography and the climatic limits to British power in India (Chapter 3), and acclimatization and immigration in the Dutch East Indies (Chapter 4). Academic tensions, too, were a prominent feature of European medical geography at the time, and these are neatly illustrated by the