

at others there was evident shortage, etc. These similarities and differences neither prevented nor sufficiently secured the establishment of anatomy as a single discipline.

What, then, constituted the core of the discipline of 'old anatomy' (as Cunningham calls it)? The answer is given in the subtitle and the third and fifth chapters of the book: the notion of anatomy as an experimental discipline with various sub-disciplines. This is the main, novel and important argument of the book (partly already published in an article in 2002–3). Cunningham quite convincingly shows that our modern conceptions of anatomy and physiology have led us to regard every case of vivisection as an early instance of experimental physiology, where in fact they belonged to anatomy which was an experimental and far richer discipline in the early modern period than today. All the experiments undertaken were anatomical because they started from anatomical structures and properties instead of physiological questions. The scholars consistently called them 'anatomical experiments' and considered them as part of their anatomical investigations. 'There was no such enterprise or discipline or activity as experimental physiology. It did not yet exist. It was created only in the years just after 1800' (p. 155). Physiology was not an experimental but a purely theoretical discipline; anatomy delivered the facts, and physiology the interpretation. In a similar manner, generation, pathology and comparative anatomy have to be considered as sub-disciplines of anatomy as their modes of investigation were anatomical: Morgagni's great work, for instance, was based on anatomical facts, not clinical signs. All these sub-disciplines were only transformed into new single disciplines at the end of the eighteenth century.

In my view, Cunningham's argument is essentially right and a major contribution to our understanding of the history of anatomy. His broad coverage of time and topics and his emphasis on tradition and the 'seismic series of events' (p. xxi) in revolutionary France has,

however, led him to underrate the diversity and dynamic of the second half of the eighteenth century. The terms 'physiological experiments' and 'experimental physiology' were not first used in the early nineteenth century, as he argues, but well before that (for example, in Tissot's 1755 preface to Haller's treatise on irritability; the *Lettre sur un cours de physiologie expérimentale*, mentioned p. 164, was in fact published in 1771). Haller performed various experiments that were clearly physiological in their design, and he considered physiology not as a purely theoretical discipline. This critique does not, however, diminish the importance of Cunningham's argument that seems to hold true for the majority of anatomists and physiologists.

I hope and am quite confident that the author's wishes will come true and that this book will be read by students (and scholars alike). It is the best general book on eighteenth-century anatomy we have. It is very well researched, truly informative, brilliantly argued and, last but not least, highly readable.

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Fay Bound Alberti, *Matters of the Heart: History, Medicine, and Emotion* (Oxford: Oxford University Press, 2010), pp. xii + 228, £25.00, hardback ISBN: 978-0-19-954097-6.

Fay Bound Alberti's new monograph, *Matters of the Heart: History, Medicine, and Emotion*, is an admirably concise narrative of the conjoined histories of heart, brain, and soul from the seventeenth century to the present. Alberti enters literary territory previously covered by literary historians such as Robert Erickson and Kirstie Blair who were also interested in cultural discourses of the heart. But there is little overlap with earlier studies because Alberti adds a genuinely medical focus through a series of short chapters on advances in cardiac physiology and pathology, and on figures such as John Hunter, felled in

1793 by the angina pectoris he first identified, or 'Heart' Latham and the failing heart of his patient Harriet Martineau.

The history of the heart is one of rivalry with the brain as primary organ and location of selfhood. In part, Alberti's story relates the decline of the heart from being the centre and site of emotion in Galenic humoralism, to its modern identity as merely 'an organ of the body, mechanized, predictable, subject to decay and the barometer (rather than the instrument) of emotional experiences' (p. 17). But, despite its demotion, the heart's symbolic centrality to cultural discourses of selfhood, gender, and religion persists and, as Alberti demonstrates in nicely selective detail, powerfully affects the course of cardiology as a scientific discipline. Though eighteenth-century anatomists aspired to objectivity and were able to view the heart in mechanistic and chemical terms, the emotions remained problematic, providing potential evidence for the existence of the soul (which could not be disproved in scientific terms) and of its function as a vital force. Only with the development of the new instruments of the nineteenth century, which allowed physicians to refine their traditional subjective skills of auscultation and percussion and to focus on the quality of the heartbeat, could the heart, the emotions, and the question of the soul begin to be functionally separated. Only when the heart's action was firmly located in electrical impulses could it be separated from the influence of the soul. But traditional thinking about the mind-body relation and the spiritual weight given to the emotional life continued to influence medical practice and the experience of patients. Thus, the Romantic association between heart disease and the heightened sensibility of the creative person allowed the philosopher and political activist Harriet Martineau to discuss her invalidism publicly and, says Alberti, 'to rewrite her symptoms as a mark of superiority rather than debility' (p. 138).

The cultural history of heart disease as over-determined by emotional, temperamental, and environmental factors begins to change

over the course of the nineteenth century and the emergence, in both scientific and cultural circles, of what Alberti identifies as craniocentrism: 'the brain has become the organ *par excellence* of modern conceptions of interiority and selfhood' (p. 155). Yet, the rise of neurochemical explanations of the emotions and the action of hormones on the heart offer the possibility of returning to an holistic view of mind-body relations functionally, if empirically far superior to, seventeenth-century humoralism.

My brief survey of the contents and argument of this short book hardly does justice to the nuanced detail with which Alberti grounds sweeping generalisations like the one above. She fully acknowledges the ambitious scope of her narrative, yet manages, with great judiciousness and authority, to select case histories and technological developments that produce effective local readings to support her argument. It cannot be denied that the heart retains meanings that science has rendered anachronistic, but the great virtue of Faye Bound Alberti's monograph is to explain how and why in terms that both literary and medical historians can applaud.

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Mark Harrison, *Medicine in an Age of Commerce and Empire: Britain and its Tropical Colonies, 1660–1830* (Oxford: Oxford University Press, 2010), pp. x + 353, £65.00, hardback, ISBN: 978-0-19-957773-6.

One of the explicit goals historians of colonial medicine often profess to having, is the desire to demonstrate the ways in which the colonies constituted medical knowledge and practice in Britain. However, histories that reveal the full extent of exchanges between Britain and its colonies have been few and far between. Mark Harrison's latest book, *Medicine in an Age of Commerce and Empire: Britain and its Tropical Colonies, 1660–1830*, achieves this