

## Book Reviews

of the mind). Mikkeli examines briefly the sixteenth-century popular health manuals of Sir Thomas Elyot and Luigi Cornaro, the attack on the inclusion of hygiene of Petrus Lauremburg in 1630, the initiative of Santoro Santorio to put hygiene on a mathematical and physical basis and its subsequent endorsement by the pioneering historian of medicine James Mackenzie, and finally the recognition of hygiene as an issue of state in the eighteenth century.

While the six things non-natural, along with the Hippocratic concern with regimen, were indisputably part of the classical medical heritage, renaissance and early modern commentators were not quite sure how to fit them into a system of medical knowledge. Mikkeli finds that while hygiene was recognized as one of five divisions of medicine at the beginning of the period, thereafter it was often relegated to subordinate status. There was confusion as to whether prevention of disease was distinct from cultivation of health. Some, like William Cullen, saw the latter as outside the territory of the physician; others felt the simultaneous optimization of the six things for each person's constitution to be an impossible task. There was also substantial disagreement about what the proper sort of regimen was, and what kind of physiological theory ought to be used to determine it.

This book makes a good start on an important subject of a history of health as distinct from that of disease. It is, however, narrowly, and somewhat idiosyncratically conceived. Being interested more in the acceptance of hygiene as a subject of medical knowledge, Mikkeli pays relatively little attention either to the content of hygienic knowledge or to the context in which ideas appeared and the uses made of them. While within an academic culture oriented toward disputation it is clear how such questions as the proper divisions of medicine and knowledge might arise, it is not at all clear what particular answers to these questions implied for medical teaching and

practice. The recognition of Santorio is certainly important—I am surprised how much he is referred to even in the nineteenth century—but others who were also important (e.g., J P Frank and Bernhard Faust) do not receive mention, and the discussion of Tissot is unduly brief. Also, some hygienic traditions, like the regimen of the spa, are not covered—primarily because of the narrow focus on academic medicine.

Mikkeli's work is a good departure point for an important set of studies and it is to be hoped that more work in this area will be forthcoming.

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**Margaret Pelling,** *The common lot: sickness, medical occupations and the urban poor in early modern England*, Harlow, Addison Wesley Longman, 1998, pp. xiv, 270, £42.00 (hardback 0-582-23183-3); £14.99 (paperback 0-582-23182-5).

Extensively revised, and collected together in a single volume, Margaret Pelling's essays represent her abiding interest to present the social history of medicine within its economic context. Largely, although not exclusively, drawn from her work in the 1980s, the essays focus upon the health concerns of non-élite groups of medical consumers and providers, particularly in early modern London and Norwich (where records are abundant), examine the extent and effect of the levelling nature of illness and disease, and address the social and economic implications "about cures and practitioners [that] ramified across divisions of gender and class". The studies represent and reflect issues in the history of medicine which are now of increasing interest to students of early modern medical politics and which integrate important economic issues that informed medical provision and

practice. Considering the economic dimension provides a compelling explanation for the diversity of “medical occupations”. Indeed, taking into account the fact that the “careers” of medical providers moved between types of medical occupation (traditionally the tripartite division between physician, surgeon, and apothecary) and, simultaneously, between those and other trades and occupations, challenges and enlarges previously cherished notions of what constituted early modern medical “professionalism”.

The book is divided into three sections: Part I considers ‘The urban environment’, and, by examining contemporary literary sources, addresses the pressing health concerns of early modern Londoners, whose medical providers were (with difficulty) “regulated” by the College of Physicians. The relationship between the food supply and social policy is considered within the wider context of the place of diet in the early modern medical world-view, and the plight of the “sick poor” (as a significant sub-section of the poor) of Norwich is discussed with reference to the social, political and economic problems they encountered and engendered. Part II is concerned with ‘Age groups and gender’, and provides a range of studies which include the health of children as an important economic factor, but one that interestingly “exam[in]es the child outside the circumscribed context of the family and family relationships”; the strategies employed by the disabled elderly poor of Norwich which enabled them to survive on the margins of society; and the role of older women in the provision and consumption of “caring” in the late sixteenth-century town. Part III considers the ‘Occupations’ of early modern nurses and the associated problems of status, definition, and identification, and barber-surgeons are discussed with reference to the social and economic diversity of their activities. The role of poverty in increasing the supply and demand for medical provision and the concomitant effects upon

medicine as a profession, or trade, is addressed in the final chapter.

A diverse and lively medical landscape is explored by making comparisons between the early modern period, the nineteenth century, and the present day. Although occasionally disconcerting, this strategy is nevertheless justified because of the “intrigu[ing] parallels and contrast between the later and earlier periods”, and because it is Pelling’s intention to redress the “weighting [of interest] against the early modern period”. The latter is most welcome. Acknowledging the increasing interest among “generalists” in the history of medicine, Pelling also makes clear her objective to provide studies that “build bridges” not only between “specialists and generalists but also between areas of scholarship such as economic history, social history, historical demography, English literature, and gender studies”. The result is a thought-provoking, wide-ranging, and important group of essays that continue to both stimulate and challenge our approach to the study of early modern medical occupations.

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**Angus McLaren,** *The trials of masculinity: policing sexual boundaries 1870–1930*, Chicago Series on Sexuality, History and Society, Chicago and London, University of Chicago Press, 1997, pp. viii, 307, illus., £19.95, \$24.95 (hardback 0-226-50067-5).

The character of manliness has varied over time and place, and according to class and ethnicity, but while this developmental goal is inconstant, its attainment has always been regarded as a long and perilous struggle. Becoming manly was never meant to be easy. Since Freud, the process has appeared even more hazardous, or at least more easily diverted at an early stage, and