

**Ole Peter Grell and Andrew Cunningham** (eds), *Medicine and the Reformation*, Wellcome Series in the History of Medicine, London and New York, Routledge, 1993, pp. viii, 197, illus., £45.00 (0-415-08974-3).

The historiography of science is now unthinkable without a keen awareness of the interactions between science and religion. Shelves of books and countless articles have been and continue to be written about the relationship between these two great pretenders to supreme knowledge. In general, earlier suggestions that science and religion were completely inimical to one another, irreconcilable rivals for cognitive authority, have given way to a near consensus (particularly with regard to the medieval and early modern period) that religion was a great motivator towards what we recognize as scientific study of the natural world. The best studies within this newer consensus show how religious beliefs could affect even the most technical details of scientific study.

Religion in the historiography of medicine plays a much smaller role, but change is under way. This collection of essays is one of the best recent contributions to a gradually increasing area of concern for medical historians. The eight essays range widely, from Denmark to Venice and from Germany to Spain, from university anatomy to faith healing, from Lutherans to converted Jews and Moslems. Unlike some collections, however, a strong sense of thematic unity remains as the reader learns more and more of the fine detail of Reformation attitudes to the role of medicine.

After a deft, scene-setting Introduction by the editors, there are two essays on different aspects of the medical education introduced by the reforms of Phillip Melanchthon. Vivian Nutton makes an elegant plea on behalf of anatomy teachers at Wittenberg, suggesting that, in their own terms, they were as successful as Paduan anatomists. The key to understanding why they have failed to make so great an impact on subsequent anatomical science lies in their religious concerns. Taking

their lead from Melanchthon's conviction that the soul could not be understood properly without a knowledge of the body, Wittenberg anatomists developed an anatomy in the service of Lutheranism.

Nutton's account is an excellent first step towards understanding medical attitudes to the body in Lutheran Germany but it leaves a number of questions for future research. Nutton suggests that Melanchthon "posited a strong interaction between body and soul" (p. 12), but Luther himself, as is well known, denied the immortality of the soul as a Greek corruption introduced into Christian thought by neo-Platonizing humanist Popes, and seems to have held a mortalist position. It might prove possible to re-state Nutton's thesis more forcefully and suggest that Wittenberg anatomy was intended to show that the soul was in fact *inseparable* from the body and that Luther's emphasis on the bodily resurrection, rather than a spiritual eternal life, was true doctrine.

Sachiko Kusukawa follows with a study of the role of astrology in medical education at Wittenberg. Astrology was defended by Melanchthon as a "pointer to God" (p. 41), an undeniable indicator of the interconnectedness of all things, and therefore of the existence of divine Providence. Lutheran astrology, she concludes, like its anatomy, was intended to profess and promote the reformed faith.

Charles Webster offers a first step towards a reassessment of Paracelsus. In a persuasive account Webster suggests that we must "recognize the unity of his vocation as apostle, prophet and healer" (p. 74), and begins to indicate how the obscurities of his medical writings may be dispelled by an understanding of the religious and political protest literature of the Reformation. The point being, to oversimplify, that Paracelsus's medical writings were simultaneously contributing to that protest literature.

Ole Peter Grell shows the links between Caspar Bartholin's belief that the Lutheran reformation was incomplete and should be continued and his schemes for the radical reform of medicine. The revival of the concept

of “calling” in early seventeenth-century Denmark not only shaped Bartholin’s theology, he argues, but also his medicine (p. 78). One of the strands in the story that Grell weaves is the relationship between Providence and physick: “what use . . . is dittany and panacea?” Bartholin asks, “if God is not present and pours strength into herbs” (p. 79). This theme forms the focus of David Harley’s study of medical and lay ideas in late sixteenth- and early seventeenth-century England. Drawing upon an impressive range of sources, Harley shows how illness could be seen as a visitation from God and yet still be considered treatable by medical means. The point being, of course, that the boundary between religion and medicine was nothing like as sharply drawn then as it is now, and for reasons that Harley makes very clear.

Richard Palmer provides a fascinating account of the tribulations of Protestant physicians in late sixteenth-century Italy, in particular concentrating on Girolamo Donzellini in Venice. Donzellini corresponded with many leading Protestants throughout Europe and acted as an agent for distributing prohibited books throughout Italy. Repeatedly in trouble with the Inquisition from 1553 onwards, he was finally executed by drowning in 1587. In order to understand why Donzellini persisted in taking risks throughout his career as a physician, Palmer, like Webster, Grell and Harley points to the close connection between medicine and Reformed religion. Donzellini’s undoubted deep piety and his belief in medicine as his calling seem to have led him to a Protestant view of Providence, and in particular to views close to those of Melancthon. He evidently came to hold these beliefs so dear that he could not give them up.

David Gentilcore looks at another group of risk-takers, the “living saints” or, depending upon your point of view, the witches of the Kingdom of Naples under the Tridentine Church. The story is reminiscent of disputes between regular and irregular practitioners, but here it is the Church, rather than Colleges of Physicians, who decide who is a legitimate

healer. An illegitimate healer was held to be one who gained her efficacy from the Devil, and so was guilty of witchcraft. At a time when the Catholic Church considered it crucial to define and regulate notions of sacredness, to be regarded as a living saint required much more than simple piety. Similarly, as Luis García-Ballester demonstrates, a successful Morisco physician in late sixteenth-century Spain was likely to find himself accused of having made a pact with the Devil. Here again we see the lack of a sharp demarcation between medicine and religion. But the question “who cures?”, God or the physician? (p. 166) was likely to be answered differently when the physician was considered to be someone of whom the Christian God could hardly be said to approve. As García-Ballester puts it, “The poorly defined frontier between the physician of the soul and the physician of the body was made use of by the Inquisition” (p.169).

All the essays in this book achieve a consistently high standard and, whatever their precise focus, each of them points to more general conclusions about the nature of the relationship between medicine and religion in the early modern period. The book, therefore, is a valuable contribution to both the history and the historiography of medicine.

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**John Burnett and Derek J Oddy**, *The origins and development of food policies in Europe*, London and New York, Leicester University Press, 1994, pp. vi, 265, £45.00 (hardback 0-7185-1474-2), £18.99 (0-7185-1694-X).

This collection of essays on the development of food policies in Europe is very welcome. European food history is a relatively new area of interest for historians, but, as these essays show, it is one that offers a rich field for exploration. A volume of fifteen contributions dealing with aspects of this history in twelve different countries inevitably