

Book Reviews

argument at this point was that lower smallpox mortality accounted for most—conceivably all— of eighteenth-century England's population growth and was brought about through inoculation, vaccination playing only a minor role. These essays are now of largely historiographic interest since the author—most refreshingly—tells us that he has changed his mind and no longer holds such views, but they contain none the less some still useful information on smallpox and its control.

The second "group"—actually a single essay—is, by contrast, still well worth reading for its own sake, although it deals with an issue which most historical demographers might regard as somewhat passé. This is the 1974 critique of Thomas McKeown's argument for improved food supplies as a cause of mortality reduction as early as the eighteenth century. McKeown's views cut little ice with those working on this period but gained wide currency elsewhere, and Razzell's essay remains a most concise and convincing demonstration of their inapplicability before the 1870s and also contains some very valuable thoughts on changing personal hygiene and its implications for mortality.

Since the 1970s historical demography has been dominated by work on parish registers using, first, family reconstitution and subsequently the aggregative back-projection technique developed by E A Wrigley and R S Schofield for their 1981 *Reconstruction of English population history*. This material and its accompanying fertility-based interpretation are the subject of the remaining essays jointly arguing that age at marriage did not decline in eighteenth-century England and that mortality fell further and earlier than allowed for in the *Reconstruction*.

In support of this Razzell advances both a critique of Wrigley and Schofield and fresh evidence concerning adult mortality. A number of arguments are deployed—with varying degrees of force—against Wrigley and Schofield, but to resolve the crucial issue, that of baptism under-registration, would require the kind of large-scale study unlikely to find funding under present conditions. The most

fruitful part of the argument thus concerns adult mortality; from such records as marriage licences, where individuals state if their parents are still alive, he is able to show that adult mortality fell substantially in the early eighteenth century. This may not be as hard to reconcile with the *Reconstruction* results as Razzell implies but it does suggest changes in age-specific mortality relationships raising awkward questions for its underlying methodology, as well as opening up a very valuable new line of research into a topic concerning which we still know remarkably little.

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Hans Binneveld and Rudolf Dekker (eds), *Curing and insuring, Essays on illness in past times: the Netherlands, Belgium, England and Italy, 16th–20th centuries. Proceedings of the Conference 'Illness and History', Rotterdam, 16 November 1990*. Publications of the Faculty of History and Arts 9, Hilversum, Verloren, 1993, pp. 222, Dfl. 43.00 (90–6550–408–7).

This collection of conference papers presents a number of works in progress by European medical historians in 1990. Dutch speakers from Erasmus University Rotterdam were responsible for about half the material. The editors emphasize the special importance of social history and history of mentalities in contemporary medical history, and the papers on plague, unofficial healers and medical jokes in Italy and the Dutch Republic in the sixteenth and seventeenth centuries exemplify these approaches. Giulia Calvi's work, suggesting that the Florentine plague of 1630 revealed what men, women, rich and poor held dearest, is particularly accessible, while the contributions on Calvinism and Catholicism in the Dutch Republic require more effort from the non-specialist reader.

Wim Cappers' account of the financial incentives introduced to persuade innkeepers and others to make some effort to save

drowning drunks in the Dutch Republic during the eighteenth century is nicely complemented by Roy Porter's overview of the free market in medicine in Georgian England, in which elite physicians could not resist picking up their share of the profits of household pharmacy.

Hilary Marland's discussion of the late entry of women into Dutch medicine highlights the almost total neglect of paediatrics in nineteenth-century medical education. Perhaps children were even further from the minds of most doctors than women.

The histories of the financing of health care in twentieth-century Belgium and Holland emphasize relations between doctors and the state and occasionally slip into anti-medical polemic: Rita Schepers closes her paper by describing the Belgian Order of Physicians as the "jealous guardian of the not-always-ethical professional ethics". It is quite difficult for the British reader to follow the unfamiliar legislative, institutional and political developments in these texts. For example, the political right in the Netherlands are "Catholic and Protestant parties, better known as confessionals" (p. 176).

This collection serves as an introduction to contemporary Dutch work on the history of medicine and all the papers are valuable in their own right. The reader's enjoyment is marred by the patchy quality of the English prose (see p. 201 for the worst example), some unfamiliar abbreviations and the absence of an index. This publication is directed toward the academic medical historian and unlikely to attract a wider readership.

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Edward Shorter, *From the mind into the body: the cultural origins of psychosomatic symptoms*, New York, Free Press, 1994, pp. ix, 268, \$22.95 (2-928666-2).

Edward Shorter, once again, is on the right track, tracing connections between culture and illness, society and sickness, and pursuing arrows of possible influence in the right

direction: *from* mind, *into* body. It could not have been the other way round, and "into" is clearer than "to".

He begins with a spirited discussion of "the play of biology and culture", showing how psychosomatic illnesses can have biological aetiologies, and then explores the roles both genes and social conditions play in the genesis of stress. Stress is the genuine centre of gravity in this discussion, although biological and cultural reductionism are also mentioned. This chapter is followed by explorations of chronic illness among the wealthy (ch. 2), the greater risk of women (ch. 3), the ethnic components involved (ch. 4), the cultural dimensions of melancholy (ch. 5), psychosomatic illness among the young and the corpulent (ch. 6), and a concluding chapter called 'Cultural shaping' that outlines what a theory setting out to account for the historical genesis of psychosomatic symptoms could amount to. Throughout, Shorter remains vigilant to the role culture plays in shaping and defining malady and the pain it appropriates, and he is also sensitive to the contemporary discourses embracing popular culture, as in his code, in the last chapter, entitled 'Social and medical correctness', which alludes to a modern jingoism to demonstrate that men and women have always been expected to behave in certain prescribed and patterned ways.

Some chapters, some positions, are more persuasive than others. Shorter is usually a more astute social commentator on the contemporary scene than a systematic historian of medicine digging back before 1800. His explorations of ethnicity (Jewish psychosomatic illness), youth (appetite, weight, and anorexia nervosa), and social class carry weight that the chapters on chronic illness in history and female invalidism lack. It is hard to know whether the difference comes as the result of the degree of reading and research in each, or from an appropriation of voice perfectly suited to the particular psychosomatic issue at hand, as in the case of psychosomatic symptoms amongst Jews. The chapter on melancholy is perhaps the weakest,