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says little that Eyler did not later include in his excellent intellectual biography of Farr, *Victorian social medicine* (1980). Several of the other essays also review ground substantially covered elsewhere in print. Each paper is accompanied by a discussion that the organizers of the conference self-consciously designed to further the exchange of professional perspectives by having an epidemiologist comment on each historian's paper and vice versa. This is an intriguing and promising strategy, yet the discussions stand more as unrelated, independent essays than as critical analyses of the main articles. Some of the discussions, notably Caroline Hannaway's perceptive analysis of the statistical approach to disease in France from the late eighteenth through the early nineteenth century, are, nevertheless, among this book's most valuable contributions.

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JEAN ASTRUC, *Traité des maladies des enfants*, facsimile of the 1747 ed., with introduction by Samuel Kottek, Geneva, Editions Slatkine, 1980, 8vo, pp. [xii], 438, S.Fr. 100.00.

Jean Astruc (1684–1766) epitomizes the medical professor of the French classical period. A native of Languedoc, graduate of the renowned medical school at Montpellier, professor at Toulouse and Montpellier, Astruc ascended to Paris in 1731 to become professor of medicine at the Collège Royal, and in 1743, he was received into the Paris Faculty of Medicine. Astruc was a prolific and extremely erudite writer, as well known for a pioneer contribution to biblical exegesis as for massive medical treatises on venereal diseases and diseases of women. Pedantic and polemical, Astruc did not hesitate to make theoretical pronouncements on subjects where he had slight practical experience nor to lend his argumentative skills to the cause of the Paris medical faculty when it sought to maintain the “subordination” of surgeons.

The treatise on children's diseases provides a vivid, richly detailed picture of official paediatrics during an era immediately preceding medical reforms in this field and the well-known liberal views of Jean-Jacques Rousseau. The present manuscript of 1747, published for the first time in French, is one of several deriving from students' notes taken at Astruc's course at the Collège Royal. A pirated English edition was published in 1746.

In the foreword, Astruc discusses delivery and care of the newborn, including traditional swaddling practices, the midwives' practice of moulding the head (of which he does not disapprove), precautions against the development of left-handedness, the choice of a wet-nurse, and weaning. Astruc urges respect for regional variations in these practices (*Il faut se conformer à l'usage du pays*). He then considers some twenty-eight diseases of children, beginning with skin diseases, followed by those of dentition, the head, chest, abdomen, and extremities. For most ailments, Astruc presents a definition, brief history, causes, symptoms, diagnosis, prognosis, and treatment.

Astruc's notions of disease reflect ancient humoral ideas overlain and interpenetrated by modern theories and discoveries. Thus the lymph is implicated in the pathogenesis of scrofula and rickets; epilepsy is caused by a disorder in the flow and distribution of animal spirits, but this in turn results from a specific anatomical and mechanical lesion – an irregular contraction of the arteries of the dura mater. Iatrochemical causes, in the form of “bad ferments”, make their presence felt in thrush and rickets. Thrush, an ailment “very poorly described by the Greeks and Arabs”, illustrates Astruc's belief in multiple causes operating at different levels. While the fundamental cause of thrush is the “acrimony of the humour which nourishes the hair”, this may result from faulty regimen or from contaminated food as well as from “bad ferments”; alternatively, external causes, such as contagion by contact with clothes containing thrush corpuscles, contagion at a distance (which can lead to epidemics throughout a hospital), or simply dirt alone can cause thrush. Rickets may be the expression of a “degenerated pox”, and “excited scrofulous virus”, or a disorder in one of the environmental factors or “non-naturals”.

Astruc confidently presents his own views on controversial points, such as how rickets brings

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about softening of bones and skeletal deformities. On the basis of autopsy, he concludes that the anatomical seat of whooping-cough (*coqueluche*) is neither the chest nor the stomach, but rather the upper part of the oesophagus, pharynx, and larynx. For most ailments, he finds little difficulty in diagnosis (the characteristic cough of *coqueluche* may be recognized before even seeing the child). On the whole, Astruc tends to be optimistic in his prognoses, provided, of course, that the ailment comes to the attention of a competent physician at an early stage. Treatment, following ancient wisdom, is first by regimen, then drugs, and, at last resort, surgery. In this regard, Astruc mentions use of the knife to free the *frein* or *filet* (adhesions of the tongue) and to incise the *grenouillette* (sublingual tumour). He advocates prompt blood-letting in inflammatory disorders (e.g. whooping-cough) and specifies the composition and doses of remedies.

Of the many ailments discussed, the final one – *état de Chartre* (literally “the condition of a prisoner”) – is, according to Astruc, “the worst disease that can befall a child”. Exhaustion and lethargy characterize the wasting condition that Astruc attributes to a combination of digestive disorders. He scorns the popular belief in witchcraft as the cause of *état de Chartre*, but acknowledges the condition as a composite of many ailments and the need for the physician to know all children’s diseases in order to diagnose this one. If *état de Chartre* derives from imperfectly cured venereal disease in the parents, Astruc recommends hiring a wet-nurse “at whatever price” (*à prix d’argent*) to undergo a course of mercurial frictions before nursing the affected child. The elegant physician of the French classical period knew how to reconcile therapeutic rationality with the inequities of the social structure.

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THOMAS H. LEAHEY, *A history of psychology: main currents in psychological thought*, Englewood Cliffs, N. J., Prentice-Hall, 1980, 8vo, pp. xii, 431, £12.30.

The U.S. undergraduate market in psychology has encouraged a series of “histories” over the last decade. This reflects the way courses in “History and systems in psychology” attempt to do justice to the diversity of psychological thought. Leahey’s *History* is written for this audience; but it should be said that it is lucid, readable, wide ranging, and avoids reduction to answers for multiple choice tests. Students, and non-psychologists, should enjoy this lively book. Medical psychology receives only passing comment; the main theme is firmly with the history of ideas.

The orientation derives from American experience of behaviourism. Part III is a valuable introduction to this movement, its varieties, and its highly evaluative discussions, of theory, method, and predictive ideals. Leahey tests Kuhn’s account of scientific development against these events; in conclusion, he addresses his colleagues, arguing for the existence – and desirability – of “psychologies” rather than a single systematic framework. In this context, the discussion of how the “cognitive psychology” umbrella has opened over a range of psychologies from the 1960s is clear and interesting.

From the European vantage, behaviourism’s twentieth-century dominance is overdone: varieties of psychology as diverse as phenomenological, Soviet-Pavlovian, and physiological receive scant attention. The same issue results in a changed level of analysis between the first two parts and Part III. Part I reviews philosophy from the Greeks to the earlier nineteenth century – “the background to psychology”. It is convention, which Leahey accepts, that central philosophical issues (being and becoming, essentialism and nominalism) lay the foundation for “psychology”; thus psychology, as such, has no specific history. The implications of this are not met here (or elsewhere) by discussion of criteria for distinguishing “psychological” thought or for considering the contribution of theology, jurisprudence, and political ideas. Even less is it possible to consider how everyday assumptions about human nature – including medicine – are themselves a form of psychology. Can one write “history of psychology” in this early period?

Part II describes “founding psychology” in the period 1860 to 1914. Psychology, as a modern body of knowledge, is “founded” in Wundt’s experimental programme, Freud’s study of the