

Book Reviews

WILLIAM H. HUFFMAN, *Robert Fludd and the end of the Renaissance*, London and New York, Routledge, 1988, 8vo, pp. xii, 252, illus., £30.00.

Robert Fludd's encyclopaedic publications with their lavish and fascinating illustrations have frequently been seen as the keys to an intellectual world we have lost. His *Metaphysical, physical and technical history of each cosmos, the macrocosm and the microcosm* (1617–21) and his *Mosaicall philosophy* (1659) seem to promise comprehensive and reliable guides to the "occult mentality" of the Renaissance. For the author of this book, for example, "Fludd's unique and important accomplishment was to produce in his works a grand summation of Renaissance Christian Neoplatonist thought, which encompassed two millenia of ancient, medieval and Renaissance traditions in the arts, sciences and medicine in a religious and philosophical context" (p. 3). Unfortunately, as Fludd's polemic with Kepler shows, there were some major aspects of Christian Neoplatonism which Fludd simply did not understand and prominent features of Fludd's philosophy which were anathema to other Neoplatonic thinkers. Fludd was not, therefore, as representative of Renaissance thinking as Huffman and earlier writers on Fludd would have us believe. Where Kepler and other Neoplatonic thinkers tried to discern in the so-called "Book of Nature" the attributes of its divine author, Fludd preferred a more mystical and theosophical way to gaining knowledge of his god.

The distinction between Neoplatonic natural philosophy and theosophical Neoplatonism is itself in need of careful exposition since it is by no means obvious or clear to the modern reader. Huffman, however, does not provide it. Indeed, Huffman's book is surprisingly vague about its subject. "A weird alchemical tale" told by Fludd is mentioned as a means of pointing to one of Fludd's friendships with "great men" (p. 29) but the story itself is not deemed worthy of repetition; we are told that "No one has investigated Fludd's astrology" and that it cannot be examined here either (p. 199), but we are not told why not. Although we are given a quick summary of Fludd's "Mosaicall philosophy" (pp. 100–34), the author clearly expects the reader to make the best he can of it; there is little or no explanation of what it means or why Fludd felt it was important to say it. Although there is a brief and highly derivative account of Renaissance Neoplatonism, there is no discussion of Renaissance music theory to help the reader understand Fludd's proposed cosmic harmonies. We are told that Fludd experimented "extensively" in medicine (p. 22) but are not given one single example. We learn that Fludd's metaphysics "differed greatly" from that of contemporary Galenist physicians but we are not told in what way, and that, in spite of these differences, Fludd remained a Galenist in his medical practice, but we are not told why (p. 22). In fact, it seems true, if sad, to say that our understanding of Fludd and his context is not advanced one bit by this book.

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ANDERS BRÄNDSTRÖM and LARS-GÖRAN TEDEBRAND (eds.), *Society, health and population during the demographic transition*, Stockholm, Almqvist and Wiksell International, 1988, 8vo, pp. 514, SKr 215.00.

This elegantly-produced volume contains the proceedings of a conference with the same title held at Umeå in Sweden in 1986. The papers are grouped according to the conference sessions which were on: Infant, child and maternal mortality; Causes of death and classification of diseases; Urban disease and mortality; Society and medicine; Health and nutrition; and Changes and patterns in rural mortality. Most of the contributions are based on Scandinavian data but they include a summary of Knodel's long-standing work on German villages, a stimulating paper by Kearns suggesting ways in which the changing scale of the English urban population may have concealed important changes within national mortality rates in England, an ultimately inconclusive piece by Jean-Pierre Goubert on French water supply, and several other less significant contributions. Also included are the introductory statements of the session commentators. Some of these are little more than off-the-cuff reactions to papers received at the last minute and it is a pity that even a brief summary of what must have been lively discussion sessions is omitted. Some of the commentators made fairly damning criticisms of certain papers

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but the authors seem unfortunately to have been given no opportunity to amend or reconsider them. Regrettable also in such a diverse collection is the absence of an index. The papers are very variable in quality, too often over-long, and with frequently excellent data employed in largely descriptive presentations confined to single localities, lacking context or even an attempt to assess wider implications. Much of the work reported is clearly in the early stages and some of the papers, like Nyström's interesting discussion of long-term changes in the classification of causes of death, are more research agenda than peices of substantive research.

However, permeating the contributions as a whole is a welcome and multi-faceted concern with the role of cultural factors as influences on the impact of disease and therefore on mortality. In the 1970s, historical demographers were forced to recognize that the prime determinants of fertility were socio-cultural. In the 1980s, they are now also to a great extent seeing mortality a social variable. Thus, local variations in practices of breast-feeding become a key influence on infant deaths, patterns of alcohol consumption a major factor affecting national differences in death rates for middle-aged men, the domestic division of labour produces gendering of mortality at certain ages, national differences in attitudes to syphilis lead to an apparent greater sympathy in Scandinavia towards hospitals seeing its treatment as a high priority. Other important cultural elements which are stressed include choice of food and, even more importantly, methods of preservation and storage (what was the impact of all that salt used for preservation?), and folk remedies and palliatives (those opiates used to calm children were not only the outcome of a particular socially- and economically-induced drug technology but also reflect beliefs about appropriate behaviour among adults and children). At another level, even a willingness to invest resources in attempts to reduce mortality not only reflects historically-specific ideologies about priorities and attitudes to life and death but also a belief, at least among opinion leaders, that those who claim to be experts actually do know how to reduce disease and its impact. And, finally, several papers nicely remind us of how, especially in a historical context, the differing objectives of compilers, current medical theory, lay beliefs, and access to information are all at work in socially shaping the statistics on causes of death that so many demographers have spent so much time in analysing as if they were Durkheimian "facts". In sum, among the dross, there are some useful insights for those with the determination to mine them.

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P. J. and R. V. WALLIS, with the assistance of J. G. L. BURNBY and T. D. WHITTET, *Eighteenth century medics (subscriptions, licences, apprenticeships)*, 2nd ed., Newcastle upon Tyne, Project for Historical Biobibliography [43 Briarfield Rd., Newcastle upon Tyne NE3 3UH], dist. Vade-Mecum Press Ltd., 1988, 4to, pp. xlvi, 690, illus., £80.00, \$160.00.

Since the publication of its first edition in 1985, *Eighteenth century medics* has become an invaluable research and reference tool for all scholars directly or indirectly pursuing the history of medicine. This monumental work—a testament to the heroic labours of the Wallises and their helpers—has now appeared in a second edition, extended, corrected, and in a format easier to use. It deserves to be more widely known.

In form, it is an alphabetical index of towards 100,000 individuals connected with the practice of medicine—or at least known to have had an interest in it—in eighteenth-century Britain. The list has been brought together from a variety of sources, printed and manuscript (amongst the latter, perhaps most valuably of all, from the registers of apprenticeships held at the Public Record Office and at the Wellcome Institute for the History of Medicine). Each entry, standardly occupying a single line, contains information on birth and death dates, branch of the profession (apothecary, physician, druggist, veterinary surgeon, etc.), apprenticeship details (where relevant), site of practice, and keys to further information (listed in the bibliography). Obviously, in many instances, certain items are lacking; and the diversity of sources drawn upon inevitably means a degree of duplication—indeed conflict—of information. Frequently, the same individual crops up in various places with his name differently spelt. As the editors warn, the reader must use these data with intelligence and care.