

natural philosophy and laws of nature, so as to combat scepticism and irreligiosity by proving the existence of God through demonstrations of the laws of the mind.

Two other essays focus on images of anatomy, and natural history and *materia medica* in late seventeenth- and eighteenth-century Netherlands. Rina Knoeff comparatively analyses the conceptions and moral lessons of perfection in the anatomical atlases by the Mennonite Govard Bidloo (1685) and the Calvinist Siegfried Albinus (1734). Benjamin Schmidt focuses on the peculiarities of the ideological strategy (exoticism, universal knowledge, priority of pleasure and delight) followed by authors, illustrators and publishers of naturalistic works from the non-European world under Dutch control (mostly the East Indies).

Iberian Enlightenments are targeted by two more essays. Timothy Walker emphasizes Portuguese state-licensed medical practitioners' conspicuous role as experts in the service of the Inquisition, and the paradoxical convergence between their fight against popular healing culture and the Catholic Church's struggle against magic and sorcery. While the essay by José Pardo-Tomás and Álgar Martínez-Vidal discusses secular and regular clergymen's moralist contributions to the Spanish debates on birth care (including performing baptism on a dying infant), and their support for the professional legitimization of the emerging practice of male midwifery surgeons to the detriment of that of traditional midwives.

The remaining essays are focused on case studies of miracles, exorcisms and sanctity that illustrate Enlightenment interactions of new medicine and its practitioners with Catholicism in the context of Europe where religious division was still relevant. Robert Jütte revisits the French and German Enlightenment debates on the medical miracle of the "golden tooth" that was allegedly grown by a Silesian boy in 1593. Through the case of a Franciscan friar who levitated during his ecstasies and was beatified by Benedict XIV, Catrien Santing shows the limits of the

modernizing and rationalizing agenda of an "Enlightenment pope" who aimed to use new medical and natural philosophical scholarship for purifying and reinforcing the Catholic Church. Claudia Stein explores the peculiarities of Bavarian Catholic Enlightenment by dealing with an apparently successful healing through exorcism (1774) performed on a daughter of Johann Anton von Wolter—the favourite physician of Maximilian III Joseph of Bavaria—and the reactions of a variety of witnesses. And Ole Peter Grell focuses on the spiritual journey from Lutheranism to Catholicism of the Danish anatomists Nicolaus Steno and his grand-nephew Jacob Winsløw, by emphasizing the seminal role played in both conversions by Jacques-Bénigne Bossuet in the fervent intellectual atmosphere of Counter-Reformation Paris.

In sum, this valuable volume underlines firstly, the persistence of the religious rationale in Enlightenment Europe and its relevance for medicine and medical practitioners; secondly, the plurality of meanings and registers of this cultural movement, from its radical version to the multiplicity of more moderate Protestant and Catholic Enlightenments; and thirdly, a number of features (miracles and conversions, mostly) that fed religious polemic between both sides of the major early modern Christian schism.

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Marion Maria Ruisinger, *Patientenwege. Die Konsiliarkorrespondenz Lorenz Heisters (1683–1758) in der Trew-Sammlung Erlangen, Medizin, Gesellschaft und Geschichte, Beiheft 28, Stuttgart, Franz Steiner, 2008, pp. 308, €43.00 (paperback 978-3-515-08806-0).*

For more than twenty years medical history has been paying greater attention to the people for whom medical thought, action and effort is carried out—the patients. Primary sources,

especially for the early modern period, have posed a comparatively difficult problem. Over the course of time, more or less prominent representatives of academic medicine have left behind printed works that are easily located, yet those who consulted them have generally remained silent. Gaining closeness to historical patients has proved challenging, sometimes happening only indirectly or by chance. The sources usually consulted thus far have revealed little about how patients felt and interpreted their physical circumstances and medical restrictions. It has been equally challenging to investigate how sick people perceived their own interaction with the providers of medical services.

Recently, the use in German medical history of a type of source that must be seen as a central means of communication in the eighteenth century for various social strata of European society has allowed for a qualitative leap—the private letter (Michael Stolberg, *Homo patiens*, Cologne, Böhlau, 2003). Not only did physicians and learned people interested in medicine and natural science carry on academic and professional correspondence, sick people also used their quills to write to medical experts far away. They wrote about their illnesses and asked for advice. If the person to whom the questions were addressed answered with an extensive letter interpreting the medically related problems, a “practice by post” could be established.

Marion Maria Ruisinger is the first medical historian to analyse an extensive German consultative correspondence from the eighteenth century. Her *Habilitationsschrift*, published in 2008, deals with topics in internal medicine as well as the field of surgical treatment, carried out at that time in the German speaking territories almost exclusively by artisan-practitioners. At the centre of this written exchange is the medical professor from Altdorf and later Helmstedt, Lorenz Heister (1683–1758), who enjoyed a European reputation for pragmatic authority in both areas of medicine.

Lorenz Heister carried on an extensive correspondence. The Trew Collection in the

University Library in Erlangen contains 1,295 pieces of writing from the learned physician with 356 correspondents, including relevant third parties. In addition, Ruisinger has evaluated Heister’s casuistic works as well as influential teaching manuals. She has succeeded in interpreting the rich correspondence in a highly convincing analysis that is well conceived and carried out. Her study can almost be seen as a reference work on patient history that, in addition, retrospectively corrects the medical and scientific historical picture of surgery in the eighteenth century and lays it out in a more nuanced manner.

Ruisinger begins her close examination of the patient’s course of action before the person actually becomes a “patient”, at a time when he has perceived in his unspoken feeling a change in health and has construed it as part of his world view. (Women made equal use of this type of treatment, for ease of reading, however, the masculine form has been used in this review.) The person first becomes “ill” after he has begun to see the sickness in himself. Thereafter he can take refuge in medication or other therapeutic measures, receive medical aid in his private circle and finally enter the contemporary market of healers where he can act in a relatively self-determined manner. If he feels that the indications and suggestions for treatment are too confusing or contradictory or if an invasive surgical measure is being discussed, the person, perhaps having already been declared a “patient” by a local healer, finally calls on Heister for his written external medical authority. At this point a “practice by post” can begin.

Ruisinger’s approach proves of value especially in the elaboration of the great variety of functions that such a consultative correspondence could have for the participants. By using the highly productive term “self-fashioning” (Stephen Greenblatt, *The improvisation of power*, Chicago University Press, 1980), the author succeeds in describing a broad spectrum of demands, instrumentalizations and self and third-party ascriptions made by the patient and the distant medical expert that are interdependent and overlapping.

In her analysis of the consultative correspondence of Lorenz Heister, Ruisinger construes the continued “practice by post” as a win-win situation for the patient as well as the distant expert. For both protagonists, it represents an essential moment in the strengthening and preservation of both positions in the discourse on health in the eighteenth century. The patient plays a strong, self-determined role, even in the event that the distant medical authority and the patient actually meet and the patient is examined. The symmetry is not broken until the patient goes under the knife. This surgical measure, as shown most impressively in Ruisinger’s study, is the last option in a therapeutic process that always started conservatively by applying internal measures of treatment. For a short time, during surgery, the patient and physician are on differing levels. Yet the patient always agrees voluntarily and explicitly to the operation. Informed consent is a reality in Heister’s surgical practice.

Ruisinger’s study stands out on account of its rich array of sources and the exceptionally concise evaluation of these sources that are also interpreted on a gender basis wherever possible. The work’s analytical structure is well thought through and the style is a pleasure to read with its good dosage of original quotations from both patients and their physicians. This monograph opens the door for international comparative studies on the worlds of patients in the eighteenth century.

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Sean M Quinlan, *The great nation in decline: sex, modernity and health crises in revolutionary France c. 1750–1850*, The History of Medicine in Context, Aldershot, Ashgate, 2007, pp. xi, 265, £55.00 (hardback 978-0-7546-6098-9).

The central aim of this book—to rewrite, and to some extent redefine, the history of

French hygiene between 1750 and 1850—should be welcomed by all historians of French medicine. Even William Coleman, who acutely observed both the “bourgeois medical doctrine” of the 1750s and the public health movement of the nineteenth century, never linked these two hygienic projects. Quinlan, by contrast, makes an ambitious attempt to demonstrate the continuities in hygienic writings over this period: they were a forum for middling medical practitioners to critique both their social superiors and inferiors, and they increasingly addressed the effects of industrialization upon the urban poor, explaining away its adverse consequences by a variety of naturalizing strategies, culminating in theories of heredity. Quinlan divides the period into three: an Old Regime phase which rested on meliorist models and portrayed nervous diseases as evidence of the decline of civilization; a Revolutionary phase characterized by Utopian programmes for achieving social and political harmony through hygiene; and, lastly, a more pessimistic phase, lasting from 1804 until the 1848 revolution, underpinned by an appeal to statistics and concerned to cure, cleanse and decriminalize the working class.

Methodologically speaking, Quinlan asserts, “this study has moved beyond sociological explanations of medical power and the social constructionism associated with the new cultural history”. This claim is supported by a second assertion: to have shown that doctors exercised their public roles by means other than a blatantly “unified ideological front”, instead working in collaboration with a range of public authorities and “patients” to accomplish certain social, moral and political agendas (pp. 217–18). It is here that Quinlan’s argument falls down, for me, since this dimension—the relationship of doctors to the formation of public authority over French bodies—is one of the least well-supported parts of the book. There is little attempt to show whether the books discussed actually had any outcomes in terms of changes in public policy, by whom they were read and