

Book Reviews

The wide frame of contemporary cultural references is bound to remain limited, as the author states in his preface. He also warns of the dangers besetting the work of medical historians when dealing with cases whose history extends up to two hundred years backwards.

The enigma of Wolfgang Amadeus Mozart's death is carefully analysed: contradictory reports from friends and enemies are treated for what they are worth. Tuberculosis, meningitis, rheumatic pericarditis, cardiac decomposition resulting from chronic nephritis, quoted as causes for his early death are discarded. The author accepts the murder theory of Dalchow, Duda, and Kerner (1966, 1971) as irrefutable, without, however, looking upon it as the only and exclusive solution.

Ludwig van Beethoven's increasing deafness combined with intestinal disorders is shown in its psychological effect upon the patient by a full quotation of the poignant *Testament of Heiligenstaedt*; his clinical history of the last years is illustrated by passages from the valuable *Konversationshefte*. Not forgotten is the composer's personal tendency to neglect doctors' orders. In the absence of any clear results from various autopsies, only modern medical knowledge can throw light on Beethoven's diagnosis: Dr. Böhme suggests Bang's disease or brucellosis complicated by an affection of the aural nerve.

Karl Maria von Weber's and Frédéric Chopin's medical histories extending through the first half of the nineteenth century bear witness to the contemporary ignorance regarding the diagnosis and therapy of tuberculosis and a strange neglect of dangers of contamination among the educated classes of those days.

Peter Iljitsch Tchaikovski's numerous physical and nervous complaints were recognized as endogenous by his doctors, but could not be treated adequately during his lifetime. If Dr. Böhme had known Tchaikovski's biography by Lawrence and Elisabeth Hanson (1966), his account might have been enriched by the additional knowledge of valuable, unpublished Russian sources, from which the composer emerges as a far fuller, highly emotional, and idealistic personality.

The sympathetic account of Bela Bartok's life and suffering shows how in modern times the secrecy about his leukaemia would complicate the patient's relationship to his doctors.

With remarkable insight the author describes the titanic fight of each composer against the debilitating effects of his illness, pointing out how often, in periods of weakness and deep depression their greatest musical creations were born. His avowed wish to trace a reciprocity between the ups and downs of disease and musical creativity is envisaged in the preface, but wisely dismissed as an attempt doomed to fail. The pathographies include reproductions from portraits and life- and death-masks. They present not only pictures of gradual decay, but unforgettable facial expressions.

CHARLES WEBSTER (editor), *Health, medicine and mortality in the sixteenth century*, Cambridge University Press, 1979, 8vo, pp. xiv, 394, illus., £18.50.

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The late Sanford V. Larkey had planned a comprehensive survey of medicine in Tudor England based on primary texts and sources. This volume, dedicated to his

memory, would have given him great pleasure as well as enlightenment. A comparison with Copeman's *Doctors and disease in Tudor England*, 1960, reveals the modern historian's increasing sophistication of historical technique, wider variety of evidence and, alas, greater stylistic ugliness – unlike a library book, an Oxford B.A. in English literature is not “taken out”, (p. 372).

The first four chapters, on epidemics, infant and child mortality, diet, and burial records, show what advances in our knowledge have resulted from the archival spadework of modern demographers. Expectation of life in Tudor England seems to have been surprisingly high – thirty-five to forty years at birth – with relatively low infant and child mortality rates: a townsman might expect to experience one serious “mortality crisis” in his lifetime, a villager not even this; slum children drowned in ponds and ditches, and gunpowder factories had a distressing tendency to explode. Among diseases, according to Dr. Slack, the sweating sickness may not have been widespread, especially in the larger towns, although when it attacked a village, as at Uffculme in 1551, its effects could be severe.

The rest of the book is taken up with the medical profession, its theories and its institutions, from the nefarious Helkiah Crooke, F.C.P., keeper of Bethlem, through medical practice in London and Norwich, to vernacular, Paracelsian, and astrological medicine, and, finally, to Paduan medical education. Many standard dogmas are here called into question. The amount of medical care available may have been as high as one practitioner for every 200 persons, although, admittedly, few would have satisfied the requirements of the College of Physicians. Dr. Webster also assaults Professor Debus' well-known view that Paracelsian theory was of little consequence or interest until the Helmontian controversies of the seventeenth century, and argues that manuscript sources show a considerable familiarity with Paracelsian theological and alchemical ideas. Vernacular writings on medicine also incorporated many alchemical and Paracelsian remedies, although Dr. Slack doubts whether the “Treasures of Poor Men” really reached the poor, and suggests that they were confined to a relatively small élite of doctors and laymen.

This collection of essays is essential reading for an understanding of medicine and its social context in Tudor England, yet one essay, by its brilliance, illuminates a major weakness and the book's misleading title. Professor Bylebyl's essay on Padua demonstrates succinctly what attracted foreigners to its medical school. He notes its innovations (including Da Monte's systematic use of ward-rounds in teaching), its practicality (where student pressure helped to ensure thorough and competent instruction in anatomy), and its adaptation of the set text of Avicenna as a flexible starting-point for a discussion of up-to-date theories. By contrast the lectures on the *Aphorisms* and the *Ars medica*, where exact textual knowledge was needed for the examinations, were much more stilted and less well attended. This solitary glimpse of Italian medicine shows how much is lost by considering England in isolation. For example, in what ways were Oxford and Cambridge changing with the new anatomical and humanist ideas? The long tenure of Thomas Lorkin as Regius Professor of Physic at Cambridge (1564–1591) perhaps needs more investigation, and the therapeutic ideas of Dr. Butler of Clare, although they appealed to his aristocratic patrons, especially the Cecils, were less attractive to the College of Physicians. This

institution is here viewed, perhaps in an over-reaction to G. N. Clark, as an obstacle to progress, self-indulgent and self-seeking. But some of the criticism levelled at it is better directed to the difficulties involved in fitting a continental, mini-state institution into a wider and different social and historical setting. Whatever may be said of the College's failings when in existence, the aims of Linacre and Caius were sound and laudable.

A broader perspective would also have helped in elucidating the richness of the vernacular tradition and the survival of astrological medicine. The work of Gerhard Eis and his school has made accessible a great deal of technical and medical literature in Renaissance German, which covers a wide range of topics and, possibly, readership. Dr. Slack's conclusions about the accessibility of vernacular medical literature can fruitfully be compared with those of, e.g. P. Assion, *Altdeutsche Fachliteratur*, 1973. Astrological medicine, too, was as popular and as respectable on the continent as in Britain, and learned doctors, like Giovanni Gentile at Bologna, lectured upon it or endeavoured to reconcile its tenets with their own observations or with Galen. Its decline is common to the whole of Western Europe, and hypotheses about England can usefully be tested against other contemporary evidence.

It would also be of interest to know what continental ideas were brought back by returning English physicians. Caius, in his *Counseill against the Sweate*, praised enthusiastically the Italian system of health boards, and it may have been contact with the continent, among other things, that encouraged the employment of resident civic physicians. London notoriously lagged behind other towns in its use of such persons either temporarily in time of plague or permanently; but many of the ports seem from the mid-sixteenth century to have paid doctors' fees for attendance on the poor. John Porter in 1549 (not 1543, as p. 218) received wages from the city of Norwich for attending the poor in a civic hospital; at about the same time William Sutton was admitted burgess at Southampton without fee "for that he shal be redy to the inhabitants of the saide towne in his art of surgery"; in 1571 Alexander Harrison was hired at Chester to treat the poor and "all other cytizens which shall be infected with any disease"; Richard Durrant in 1573 was paid four pounds a year to reside in Norwich as the municipal bone-setter, and others, even more shadowy, were there reimbursed for medical services; Thomas Surphlet in 1579 was made a freeman of the Merchants Company of Lynn (not Cambridge, as p. 229 implies) in return for giving his services free to the poor when asked by the mayor; and in the plague of 1585 Ipswich appointed an official town physician to minister "sundry drinks and medicines to the infected poor at the charge of the town". Is this the result of the experiences of sailors familiar with the *Stadtärzte* of Holland and Germany, or a typical response to a universal problem of public health?

Dr. Webster's first collection of essays told us a great deal about one man, Thomas Linacre, and the fulfilment of his legacy. Its successor, by painting on a broader canvas over a whole century, is, if anything, even better, and is a worthy substitute for the general work that Dr. Larkey did not live to complete.