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problems, his achievements and his failures, as he appeared to contemporaries, pupils and successors, as well as to those who are the heirs of a tradition to which he contributed. I recall, dimly, reading a remark of Kipling's, that a teacher is at the mercy of his disciples. It was well said. In this instance the disciples are shown to have been worthy. They had their own successes and failures—who has not? It is one of the merits of this book that it has been written by a practising surgeon, a teacher, as well as an historian who can balance both sides of his narrative, for narrative and personal history it certainly is.

Another merit is to emphasize the link between the British and American schools of orthopaedic thought and practice, founded at the inception of the British Orthopaedic Association, towards the end of the First World War, a beneficent influence which persists after three-quarters of a century. It pays deserved tribute to the ABC Club, a lively evidence of that link. Any practising surgeon knows how difficult it is to run a service department and to combine it with clinical research. The struggles of the British Orthopaedic Research Society are appreciatively noticed.

One of the strengths of the book is that it relates how needs were perceived and met, from local matters to the gradual formation of a national service; how it was organized at different levels and how it has developed in Britain. Even after forty-five years in orthopaedics one can discover an influence, an achievement which one did not know. The book will be extremely helpful to future historians, because it is so evidently based on wide and deep research, though the author never intrudes and wears his learning lightly.

Only one typographic error has been detected: "discrete" for "discreet" (p.252). The book is well printed, strongly bound and well, though perhaps a little sparsely, illustrated. The index is good. All in all, an excellent piece of work, a credit to the author and to the Association, and one which will be of lasting value.

J. W. Dickson, Ipswich

J. H. P. PAFFORD, *John Clavell, 1601–43: highwayman, author, lawyer, doctor*, Oxford, Leopard's Head Press, 1993, pp. xiv, 309, £12.50 (0–904920–28–3). Distributed by Oxbow Books, Park End Place, Oxford OX1 1HN.

John Clavell was "a great theefe, then a phisition" with aristocratic patients. His forgotten life has been painstakingly rediscovered by a distinguished librarian. Clavell was an impoverished gentleman, pardoned after stealing silver from Brasenose College, but his fame derived from his escape in 1626 from execution for highway robbery. He wrote a verse appeal for his reprieve, published a *Recantation* in verse, detailing the tricks of the highwayman's trade, and wrote a play about financial trickery. Literary London was unlikely to keep him out of trouble so his uncle sent him to Dublin in 1631 to act in a property dispute. He later practised there as a lawyer and as a physician, under the patronage of the Earl of Cork and Lord Chancellor Loftus. In the late 1630s, he was back in London but his last years remain obscure.

Clavell's life is deftly recreated but the bulk of this book consists of a reprint of the *Recantation*, and extracts from Clavell's manuscript remains. Of particular interest are the full transcription of a list of cures and a selection of some 70 prescriptions. The 30 cures of named patients are mostly in the form of testimonials, although clearly written by Clavell. This material is invaluable for the history of medicine in early Stuart Ireland and of empirics in general. Clavell practised at all levels of Dublin society, having sufficient Latin to produce a credible version of popular Galenism. He states that he made up his own prescriptions, lacking a reliable apothecary, that he was paid by results, that he diagnosed by both urine and symptoms, that he only used non-sorcerous methods, that he never failed, and that he gave the credit to God. The recipes given here are mostly herbal, of the sort found in domestic collections. However, a facsimile is provided of a recipe for using the notorious antimonial cup of John Evans. Clavell was probably personally acquainted with the disreputable priest-physician and his pupil, William Lilly.

The transcriptions are reliable, although they are heavily modernized and redundant headings are added to the cures. The words, "then a phisition", are inexplicably omitted from the description of Lilly's nativity of Clavell (p.16). It is unfortunate that the author does not mention the location of the

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antimonial cup recipe, affixed to the back of a manuscript puff for the cup and surrounded with critical comments in another hand. Nevertheless, the volume gives a useful and unusual insight into the world of unlicensed medicine in the early seventeenth century.

David Harley, Oxford

SOHEIR A. MORSY, *Gender, sickness, and healing in rural Egypt: ethnography in historical context*, Conflict and Social Change series, Boulder and Oxford, Westview Press, 1993, pp. xiv, 235, £30.00 (0-8133-8166-5).

Dr Morsy is a leading medical anthropologist who has published numerous valuable studies on her native Egypt, based primarily on field work in a Nile delta village for which she uses the pseudonym of "Fatiha". In this book, her work in this area culminates in a broad-ranging study of conceptions of sickness and healing in rural Egypt.

In Fatiha, the author argues, medical diagnosis is retrospective and focuses on social causation rather than underlying pathology. Peasant views spring from their conviction that all misfortune is connected in some way to the supernatural; and as the management of social relations is the central concern of their lives, this is where ultimate causes are usually sought. Spirit possession, the evil eye, sorcery, and the machinations of supernatural creatures dwelling underground or in rivers or ponds are almost always evoked when a villager falls ill, and in the quest for the ultimate social causes for such afflictions, gender relations play a pivotal role. "Sayeda", for example, suffered from umbilical hernia and chronic infectious bronchitis, but to Sayeda and the other villagers, the real problem was a family quarrel and mistreatment by her husband: a malicious "gaze" had brought her under the control of a spirit which not only caused her emotional and physical malaise, but also threatened to kill her husband if he beat her again. Significantly (if not surprisingly), Morsy finds that while women are deemed more susceptible to such afflictions than men, spiritual maladies are most frequent among villagers, whether men or women, who are identified as less powerful than their fellows.

Health care in Fatiha thus involves considerable recourse to charms, potions, and various other means to defend against supernatural forces, plus a variety of home remedies and locally available *materia medica*. Practitioners include both specialists in natural medicine (humoralists, bonesetters, and herbalists) and spiritual healers and sorcerers. The popularity of the latter reflects not the efficacy of their cures, but rather the fact that these remedies make sense in terms of the way the peasants construct their medical world. Ultimately, it is this harmony which legitimates supernatural medicine to the villagers of Fatiha.

Despite this, modern cosmopolitan medicine is highly esteemed. Beyond the family context, formally trained physicians are the peasant's first choice in about 70 per cent of the cases Morsy recorded, and are sought for acute illnesses involving bodily disfunctions. A villager will sometimes visit the doctor, wear amulets, and seek the intercession of a deceased saint, all in an effort to reverse a state of ill health, and even traditional healers will resort to cosmopolitan practitioners. The peasants see no contradiction in this behaviour, which Morsy regards as typical of the medical pluralism of rural Egypt.

The gender issues discussed by Morsy are of particular value, and she makes a major contribution to our understanding of the role of women both in health care and as patients, though some of the feminist agenda she formulates is highly doubtful. Her own book offers many examples proving that government health policy under Nasser, however laudable for the improvements it brought about in rural conditions, can hardly be characterized as "state feminism".

The arguments of this book are in the main clearly presented, and only occasionally lapse into jargon (e.g., p. 51: "a husband is likely to overindulge in the exercise of the culturally sanctioned authority with which the local organisational power structure endows him", meaning "husbands often batter their wives"). This reviewer found the translation of Arabic terms overly literal at times, and in potentially misleading ways. The *ḥāmil al-Qur'ān* (p. 51), for example, is not a "learned carrier of the Qur'ān", but someone who has memorized the whole text; a *ṣūfa mabrūka* (p. 186) is not a "blessed wool", but a vaginal suppository, of whatever drug composition (certainly not usually wool) to which some charm has been associated.