

the new Oxford historians of the 1840s and 1850s. Sudhoff's characterization of his own place as a (or the) medical historian bears comparison with that of Treitschke, Diels, or Wilamowitz, and with the aims (and limitations) of Wilhelmian scholarship in general. Without this wider intellectual context one cannot see properly the development of medical history as a specific historical discipline, and a finer understanding of the development of medicine than is shown here is necessary to explain the transition from Hippocrates the physician to Hippocrates the philological text. This volume marks a useful beginning by setting out some essential biographical and bibliographical data, but there still remains much to do.

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**J A I Champion**, *London's dreaded visitation: the social geography of the Great Plague in 1665*, Historical Geography Research Series No. 31, University of Edinburgh, 1995, pp. xiv, 124, £7.95 (1-870074-13-0).

The slim size of this volume camouflages a large agenda. Justin Champion's computer-assisted statistical analysis of the relationship between the "mortality crisis" of 1665 and the "material infrastructure" of metropolitan London invites a lively, on-going debate. The book is framed by a bold methodology, specialized terminology, complex writing style, and extensive corpus of tables, figures, charts, and maps bristling with assumptions. Dr Champion has worked with an impressive body of sources (many not cited), incorporating and going far beyond that basic tool of historical demography, Crisis Mortality Ratios. His overall agenda could not be more challenging and doctrinaire: "This investigation . . . approaches the question of the relationships between patterns of death (seasonal, sexual [i.e. gendered] and spatial) and social structures in Restoration London and Westminster by *eschewing biomedical theory*

[italics mine] and concentrating instead upon the material structures of urban life" (p. 2). The book's ultimate and laudable goal is to go beyond the cliché that this was "the poore's plague", by asking why the poor suffered so grievously.

There is some logic to studying mortality patterns of the Great Plague without concentrating on plague as the overriding "cause". However, Champion's dismissal of drawing on modern medical knowledge as "anachronistic" seems unnecessarily absolute. The conclusion that "epidemics" other than plague were also involved in the mortality crisis of 1665 is promising, but unconvincing without recourse to medical authorities of the time whose observations the author deems "speculative". Pleurisy was acknowledged as epidemical, but massive deaths from "surfeit" seem medically unlikely. Whatever "plague" was in 1665 (Champion always placing it in quotes), its symptoms were well and widely known, and usually easy to identify even by the much maligned "searchers". More pertinent to this monograph, many of the surprises that computer-assisted techniques elicit in the vagaries of the path of the mortality of 1665 may be explained in part by the haphazard travels of the rat flea, *Xenopsylla cheopis* (dismissed in the book as part of "the rat-flea theory").

The quantitative findings of this study were drawn in large part from ten model parishes in different parts of the metropolis, chosen for their socio-economic differences and for having sources that enabled status to be linked with mortality. The result is a much more detailed charting than previously attempted of the variations in "epidemic mortality" throughout metropolitan London in 1665: by acreage, parish, household, assumed wealth and poverty, relative age, gender, and seasonality. This mapping contains some debatable premisses, while confirming many long-held generalizations. Explaining the reasons behind who died, when, and where leads the author from the quantitative arena into speculative reasoning, drawing on "literary" sources. The greatest unknown

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factors influencing mortality were the ability to “maintain” oneself and/or to flee (p. 56). Conjecture about who fled and in what numbers (a factor that complicates any statistical study of the mortality patterns of the Great Plague) leads Champion to suggest that those left behind—from single women to “lodgers”—succumbed not through poverty but through circumstances surrounding it.

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**Ove Hagelin** (compiler), *Kinetic jottings: rare and curious books in the library of the old Royal Central Institute of Gymnastics. An illustrated and annotated catalogue*, Stockholm, Idrottshögskolans Bibliotek, 1995, pp. 191, illus., SEK 400.00 (91-972200-4-3). Orders to: Hagelin Rare Books, Box 3321, S-103 66 Stockholm, Sweden.

Medical gymnastics, the practice of curing disease or promoting health by muscular movement, has a long history. It goes back to the Classical ideal of humoral balance, according to which exercise dried and purged the heavy, soggy body that resulted from too much food. This concept of harmonious human excellence was re-created in the Renaissance, and a vogue for self-improvement developed. Inevitably, this became a vogue for the improvement of others, particularly children. There arose a mechanical science of movement, as knowledge of the musculoskeletal system became more sophisticated. The arts of orthopaedics and physiotherapy were born, and the deformed were reformed by manipulation. At the same time there was an increasing earnestness about the exercising of the already fit, and first military cadets and schoolboys and then the general public were jollied into mass gymnastics. There was a particular concern with the health of the round-shouldered, pale-cheeked, shallow-chested, city-dwelling, office-working masses, and they were encouraged to exert themselves and breathe deeply. The exercise culture of today began to take shape.

Anyone who joins aerobics classes in their lunch hour or goes swimming after work should browse through this catalogue and ask themselves how they came to be doing such a peculiar thing.

Popular medical gymnastics is above all the creation of P H Ling (1766–1805), the founder of what became known universally as “Swedish gymnastics”. Medically untrained, but inspired by his own self-cure and equipped with the sort of windswept, burning-eyed intensity of personality that inspires others, he set up the Royal Central Institute of Gymnastics in Stockholm, which became a Mecca for enthusiasts and a training ground for disciples. At length the Institute evolved into a general sports training college, Idrottshögskolan. Its library was absorbed and settled into the sediment. This catalogue is the result of what its compiler describes as archaeological excavations into this sediment.

The result of the dig is a fascinating descent into the story of human preoccupation with our own bodies and what can or should be done with them. The book is more than a mere inventory: its chronological arrangement and discursive notes create a sense of narrative. The illustrations, though not glossy, are generous and well-chosen.

A very broad range of material is covered: acrobatics, dance, fencing, general anatomy and physiology, military education, and the Stockholm Olympics of 1912—a heroic poster for which forms the frontispiece. The crucial texts in the development of medical gymnastics are well-represented, including those of Ling himself. There are also standard treasures of Vesalian anatomy, and some curiosities such as the great Prussian gym-master J C F Guts Muths’ book on wood-turning and C H Liedbeck’s *Description of the vibrator* (“likely to satisfy any just claims upon a good vibration machine”). There are a few significant gaps: for example, there is no edition of Galen’s *De sanitate tuenda*, which held sway over all regimetical literature until the eighteenth century. The selection is of course based on what is found in the library and is “just designed to give a glimpse”. In fact, however,