

## Book Reviews

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ELISABETH ROUDINESCO, *Madness and revolution: the lives and legends of Théroigne de Méricourt*, transl. Martin Thom, London and New York, Verso, 1992, pp. xi, 284, illus., £12.95 (paperback 0-86091-597-2).

Anne-Josèphe Terwagne, from Marcourt in Belgium, gained notoriety during the French Revolution as Théroigne de Méricourt and ended her life confined in La Salpêtrière. Her “madness”, integrated with her eventful life-story before and during the revolution, and with the views of contemporaries and historians—the observers observed—pervades Elisabeth Roudinesco’s book. Its relevance for medical historians extends beyond the description of asylum conditions and the role of Etienne Esquirol, the doctor in charge, to embrace gender issues, revolutionary politics, treatment of the insane, and the manufacture of “legends”. One theme is that the sensationalized persona, like the name—creations of the hostile royalist press—took over the woman herself. The image remains powerful: Simon Schama’s *Citizens* (1989) featured the romantic Théroigne and made her his concluding symbol.

The development of the subject’s mental illness is analysed in detail. There was a crucial event (p. 101): “We know that Théroigne went mad a year after an episode in the course of which she really was whipped in the public square”, but melancholia, ennui, depression, the humiliations inflicted on women, and the asylum experience itself are all seen to have played their part in a protracted and complex aetiology—plural madneses as well as lives and legends. The author has written a history of psycho-analysis in France, and her interpretations can appear Freudian and reductionist, emphasizing personal rather than social or crowd psychology: the wearing of a riding-habit is “clearly a fetish” (p. 98); the National Assembly is characterized as a “maternal pole”, and interest in keeping archives and writing reports ascribed to a “double dream of procreation” (p. 73); self-neglect is associated with mourning for the lost ideal object of the revolution. Such analyses are at least applied to men as well as women: for Jules Michelet, the drinking of milk apparently worked wonders: “the feminine fluid had led to his regeneration” (p. 187).

Occasional awkwardness of expression may be compounded by the translation, not always smooth or convincing. An ability to read through to the French helps when a historian is quoted as writing that our heroine was “in no sense a girl” (p. 190), as does previous knowledge of the period when some key terms (*enragés, illuministes*) are left untranslated. Nevertheless, the chronology, index, and notes—including descriptions of manuscript, archival and printed sources (unfortunately there is no bibliography)—are useful, and eight pages of illustrations round out the picture. This is more than biography, a fascinating contribution to several aspects of historical study.

Elizabeth Willis, London

RICHARD LOVELL, *Churchill’s doctor: a biography of Lord Moran*, London, Royal Society of Medicine Services Ltd, 1992, pp. xiv, 457, illus., £25.00 (1-85315-183-1).

Lord Moran made large contributions to life in three capacities—as Dean of St Mary’s, doctor to Winston Churchill, and President of the Royal College of Physicians. Each might be regarded as a reward for the ambition of any one man.

He was a great dean. He converted St Mary’s from a down-at-heel medical school into a leading teaching, research, social, and athletic institution. He prided himself on his nose for character—one of the signs of character he valued was skill at rugby. The St Mary’s team before the war always contained some internationals, if not the whole England three-quarter line. Rugger-playing students were induced to come to St Mary’s by various means so that their opponents were cheered by the crowd at matches with other medical schools: “Come on, the amateurs”. One ex-student says that he was asked only one question by Moran at his entrance interview: “What is your time for the 100 yards?” He was admitted, and as he later became a professor of medicine, a knight, and a Fellow of the Royal Society, who is to say that Moran’s choice was not a good one?

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Moran had the vision to realize that the core of a medical school must be teaching units with whole-time academic staff. Teaching by part-time clinicians, of whom he was one, was no longer enough. In his determination to push this idea through, and in the money he raised, he served his medical school well.

He became Churchill's doctor soon after he became prime minister and remained more or less in that position until the great man died in 1965. His duties included not only waiting on Churchill at 10 Downing Street, but also travelling with him on his many long, tedious, uncomfortable, and dangerous wartime journeys. When the party arrived at Cairo, Moscow, Washington or wherever it was, Moran often had little to do. But when he did have something to do he was in a very hot seat. Churchill had various illnesses and dealing with them—and even more important dealing with the press—required steadiness and skill. Moran was apt to complain at the distraction of these duties, particularly the long periods away from his wife and the College of Physicians, but there were compensations, or should have been if Moran had not been a poor mixer and inclined to show his critical opinions of other people, field marshals, foreign ministers and the like.

Moran became President of the Royal College of Physicians in 1941 and was re-elected every year until 1950. Re-election of the sitting president was not then the formality that it is now. Moran was challenged every year by Lord Horder and won re-election in the crucial year 1948 by only 6 votes out of 336. His and Horder's views on the new health service were far apart. Moran strongly favoured the NHS and was determined to help push it through. One of his chief objectives was to ensure a spread of properly-trained consultants throughout the country. He succeeded in this, a universally acknowledged triumph of the NHS.

Moran was a cold, remote and stubborn figure. This was, as he acknowledged, a big drawback for a man in his position(s). His general reputation was high and deserved to be, but it was heavily clouded at the end of his life by his decision to publish a long and detailed account of Churchill's health and illnesses. This was done without the agreement of Churchill's family, indeed in the face of their hostility and in spite of the criticism of most of his colleagues, including his successor at the College, Russell Brain. It still seems today difficult to justify.

Dick Lovell, ex-St Mary's medical student, later professor of medicine at Melbourne, has written a splendid biography. It must have been a great labour to write—whether it was a labour of love I still do not know and that perhaps is the best testimony to its fairness, calmness and humanity.

David Pyke, London

LINDSAY WILSON, *Women and medicine in the French Enlightenment: the debate over Maladies des femmes*, Baltimore and London, Johns Hopkins University Press, 1993, pp. x, 246, £29.00 (0-8018-4438-X)

This book is built around the study of three *causes célèbres* in eighteenth-century France which afford interesting insights into the contemporary state of medical science and the role of women in eighteenth-century society. Two of these *événements* will be well known to readers: the thaumaturgical cult of the deacon Pâris that was centred on his tomb in the Paris cemetery of Saint-Médard in the late 1720s and early 1730s, and the Mesmer affair that rocked the capital in the decade before the Revolution. The third is more obscure: a case before the Parlement of Rennes in 1764 which concerned the legitimacy of children born more than nine months after their father's death. In all three cases the medical profession (in particular leading Paris physicians and surgeons) were asked to give their opinions as to the truth of the claims made by witnesses for the defence, although only the Mesmer affair concerned medical practice directly. This reflected the fact that in the Age of the Enlightenment, men of science were deemed to be expert witnesses, capable of establishing certainty in the theological and legal, as well as the strictly medical, realm. In none of the cases, however, was it possible for medical men to reach an unimpeachable conclusion. Indeed, over the question of late births, they split into two diametrically-opposed camps, and even in the Mesmer case, if most doctors were hostile to animal magnetism, the Viennese charlatan always had his supporters, like the Paris physician, Deslon. Essentially, contemporary medical science was just not sophisticated enough to evaluate objectively empirical testimony, a fact emphasized by the speed