

Book Reviews

Renaissance, as it appears through art, architecture, literature, music, dance, anatomy, and much else besides. The subject is vast, and there are thirty-three separate contributions to the volume, together with an introduction by André Chastel and a masterful synthesis of the many and complex themes of the conference by Marie-Madeleine Fontaine. It is impossible to do it full justice here, and different readers will find their own preferences. The book is divided into five sections. In the first, 'Le corps "en montre"', Monique Chatenet throws light on the connections between "corps" and "logis" in the royal château of Saint-Germain en Laye, showing how the architecture reflects the dictates of ceremonial; Alison Saunders writes on the ideal of female beauty represented by the "blasons anatomiques" produced in France in the 1530s; Gabriel A. Pérouse demonstrates how an insight into the norms of masculine beauty as perceived in the Renaissance, and an appreciation of their evolution, may add significantly to our understanding of Renaissance texts from Rabelais to Montaigne; Stella Mary Newton and Madeleine Lazard consider costume, the second in particular with much informative detail; finally, Henri Zerner analyses Clouet's famous picture of *La Dame au bain*, relating it both to pictorial traditions and to social and cultural reality. Other sections are similarly multi-faceted; in the second, 'Du corps maltraité au corps transfiguré', the themes include the body subjected to violence, the body and witchcraft, the cult of relics, and dissection; the third, 'Les expressions du corps' has contributions relating to the literature and iconography of the English Renaissance, the semiotics of the body, and especially to music and dance. Readers of this journal will perhaps find most of interest to them in the fourth and fifth sections of the book, dealing with bodily exercises ('Les techniques du corps') and knowledge of the body respectively. Vivian Nutton, for instance, discusses the *De Arte Gymnastica* of Hieronymus Mercurialis, and Guy Bonhomme, in a fascinating article, explaining the evolution from horse to vaulting-horse, sets out the role of the horse in Renaissance gymnastic exercise. The value of the volume, however, is that it sets each of its individual themes against the culture and science of the period as a whole, and it is for this achievement that its editors are to be congratulated.

Stephen Bamforth, University of Nottingham

MICHAEL R. McVAUGH and NANCY G. SIRAIISI (eds), *Renaissance medical learning: evolution of a tradition, Osiris*, 2nd ser., vol. 6, 1990, pp. 244, illus., \$29.00 (0-934235-18-X), \$20.00 (paperback, 0-934235-17-1).

Of the six volumes already published in the second series of *Osiris*, this is the fourth monograph and the first fully devoted to any subject before the eighteenth century—specifically, to medicine in medieval and renaissance Europe. The publication of a volume with these characteristics is reason enough for celebration among historians of medicine and science, since it is becoming increasingly unusual. But, on this occasion it should also be welcomed for the quality and interest of the contributions, as well as for the coherence and balance that the volume as a whole has achieved; not to mention its impeccable editing and printing.

The volume includes nine articles written by well-known specialists in the area (Jerome Bylebyl, Chiara Crisciani, Richard Durling, Luis García-Ballester and his collaborators, Danielle Jacquart, Mark Jordan, and Vivian Nutton, as well as both of its editors). Its scope is restricted to the intellectual history of learned medical culture. It concentrates on the *fortuna* of "scholastic medicine" (in the widest sense of this phrase, that is the medicine taught in medieval and renaissance university schools), the most influential intellectual tradition in western European medicine before the seventeenth century, whose history covers nearly five hundred years—from the late eleventh to the late sixteenth century. During this crucial period, medicine evolved as both a learned discipline closely tied to Aristotelian natural philosophy, mainly cultivated in the universities, which developed an authoritative literature of its own, and as a lucrative profession with particular aims and involving technical skills, that pushed its practitioners towards specific intellectual concerns different from those of the natural philosophers. As the editors point out, the collected essays show "how such things as textual traditions, pedagogical techniques, institutional frameworks, and relations with other disciplines and with the extra-academic world conditioned and shaped" scholastic medicine as it evolved (p. 10).

Book Reviews

The relevance of scholastic medicine and its impact, at all levels, on western European societies during the late Middle Ages and the Renaissance has only very recently begun to be evaluated in its true dimensions. This volume shows us that scholastic medicine was a live, dynamic, and realistic intellectual tradition, not a dead, statical, abstruse, and unrealistic one, as it has so often been presented. So, I would have preferred it if, starting with the title of the volume, the editors had been less reluctant to accept the most obvious name for its central topic, i.e. "scholastic medicine", and to use the term "medieval medicine". Instead, they have opted for calling the subject "Renaissance medical learning" or a "long Renaissance of medical learning" covering over four centuries. Although, no doubt, this phrase has a much wider appeal than either of the other two, I think that it could be highly misleading because the meaning of the word "Renaissance" has become more and more uncertain through trite usage.

Jon Arrizabalaga, Consejo Superior de Investigaciones Científicas, Barcelona

ALEX MERCER, *Disease, mortality and population in transition: epidemiological-demographic change in England since the eighteenth century as part of a global phenomenon*, Leicester University Press, 1990, pp. xiv, 262, £45.00 (0-7185-1344-4).

For the last thirty years, interpretation of long-term changes in European mortality have been under the shadow of Thomas McKeown. McKeown's assessment of the impact of changes in mortality from different diseases by estimating their share of the overall reduction in the age-standardised national death rate, has remained relatively unscathed until recently. His interpretation, playing down the medical contribution and stressing improved nutrition, has proved more controversial but still remains near the heart of most debates. Alex Mercer's new survey offers a substitute stalking-horse, providing a generally readable and balanced discussion of mortality change in England since the sixteenth century, taking account of recent historical demography and also of important developments in the theories of disease transmission and impact.

Mercer's approach differs from McKeown's in a number of ways. Using recent work on disease transmission in the Third World as well as historical data unavailable to McKeown, he continues the demolition of the latter's emphasis on living standards and nutrition. Using contemporary English and modern Third World data, he gives support to recent suggestions of a link between declining fertility and reduced infant and child mortality. He lays less emphasis than McKeown on shares of the reduction in national age-standardised mortality attributable to particular disease categories, stressing instead changes over time in age and birth-cohort patterns. He is more cautious about the validity and reliability of long term comparisons in death-by-disease categories, not just because of problems of consistent diagnosis and classification (on which he offers new insights particularly for the eighteenth century) but also because modern theories of disease transmission lay much greater stress on the interrelationship between different conditions (for example the effects of measles on subsequent pulmonary conditions) and on possible long-term effects of the changing "total infectious disease environment".

The difference between Mercer's and McKeown's approaches can be illustrated by two examples. Firstly, Mercer argues persuasively that immunisation against smallpox was at the heart of a major fall in overall death rates in the years around 1800, not just because deaths attributed to smallpox declined markedly but also because of reduced mortality classified as "convulsions" (a recognised symptom of smallpox in infants, who often show no rash). Furthermore, through its impact on nutrient take-up and on susceptibility to a range of other diseases including tuberculosis, reduced smallpox would also have cut mortality from a range of other diseases. Secondly, by grounding his discussion of changes in mortality from non-communicable diseases in the changing patterns of mortality by age and birth cohort, Mercer charts long-term trends in circulatory disease which show peaks in the late nineteenth century as well as after World War Two. A similar analysis shows mortality from all cancers as peaking among women born in the mid-nineteenth century. These findings lead into a