

anniversary of Boyle's death in 1691. This was held appropriately near Stalbridge on the Somerset-Dorset border where Boyle lived between 1645 and 1655.

The twelve revised conference papers printed here include a useful Boyle bibliography of nearly 300 items published since 1940 and a helpful introductory orientation by Hunter which again lays to rest Jacob's thesis that there was a direct connection between Boyle's espousal of the mechanical philosophy and the ideological conflicts of the English civil war. As both Malcolm Oster and John Harwood argue in their respective essays on interregnum politics and on rhetorical theory, Boyle transcended sectarianism and was indifferent to the identity of a government so long as it was effective. The keys to understanding Boyle, they, and other contributors, maintain, are the ethical and moral writings he penned as a young man in Latin and English. The problem for Boyle scholars is to demonstrate that these early thoughts and beliefs remained norms for the mature figure of the 1670s and 1680s.

Of direct interest to historians of medicine is Rose-Mary Sargent's examination of how Boyle constructed an experimental philosophy by comparing the methods of, among others, Galileo, Paracelsus, Helmont, and Harvey, as well as the practical activities of artisans. Boyle's plan to publish a critique of orthodox medicine came to nothing, though there are clear references to it in some of his other writings. It would seem that Boyle believed that physicians would benefit from a knowledge of iatrochemistry; equally, he maintained that chemists would benefit from a study of the physician's methods of diagnosis and use of inference, prognosis and confirmation. As Antonio Clericuzio plausibly argues, the purpose of the mangled dialogue, *The sceptical chymist*, was to make the study of chemistry respectable among gentlemen, while at the same time offering a criticism of those Oxford physiologists who were uncritically adopting the chemical principles of Paracelsus and Helmont.

Other essayists raise the vexed questions of Boyle's attitudes towards alchemy, miracles, final causes, and whether his belief in the existence of "certain subtle bodies" was consistent with his apparent commitment to mechanical philosophy. Like Newton, it seems that we shall come to see Robert Boyle as a transitional figure and that to achieve a full understanding of this remarkable man we shall need to immerse ourselves in seventeenth-century theology and ethical theory. Michael Hunter and his disciples will be good guides to our better understanding.

William H Brock, University of Leicester

Jean E Ward and Joan Yell (eds and trans.), *The medical casebook of William Brownrigg, M.D., F.R.S. (1712–1800 of the town of Whitehaven in Cumberland, Medical History, Supplement No. 13*, London, Wellcome Institute for the History of Medicine, 1993, xxiv, 176, illus., £23, \$38 (distributed by Professional and Scientific Publications, BMA House, Tavistock Square, London WC1H 9JR).

By profession a doctor, William Brownrigg had an enquiring mind and strong scientific leanings. With such attributes, it is not surprising he took to writing detailed case histories with the treatment instituted and its success or otherwise. A casebook, written in Latin, dating from 1737 to 1742 is still extant and is to be found in the Jacksonian Collection at Carlisle Library, Cumbria. As the editors, Jean Ward and Joan Yell, point out, the histories appear to have been fairly selective as they deal almost exclusively with patients drawn from the professional, merchant and skilled tradesmen classes, although we know that in times of emergency he also attended the distressed poor. The notes show him to have been a man of compassion, one who not infrequently refers "to this poor baby" or to a patient who "died a cruel death".

He was a careful and thoughtful doctor, sometimes concluding a history with a query

as to whether he would have been wiser to employ some other treatment. On occasion, presumably in company with one of the local surgeons, a post-mortem was carried out, or when there had been a happier outcome he followed the patient's progress beyond the period during which he had treated him. He was an avid reader of medical books and papers, not infrequently consulting by letter with the authorities of his time.

Although he presented a number of papers to the Royal Society and wrote on 'The art of making common salt', he was not a prolific writer. Probably he hoped to do far more, we know that he planned a history of coal mining, and from the material within the casebook we can guess that he intended to produce articles on erysipelas, haemorrhoids and lithotryptics.

The editors have given us a useful introduction to the book in which they have constructed two informative graphs as well as placing William Brownrigg in his setting of a flourishing seaport and industrializing town. Whitehaven was isolated from London but in good contact with Dublin and even with Virginia. The main problem arises when the decision was taken to translate the prescriptions' medical/pharmaceutical Latin with its unfamiliar, out-moded nomenclature and shortenings into English.

Appendix III consists of 'A List of Herbs and Plants used by Brownrigg' comprising the name found in the casebook and the "common name". One immediately notices a number of spelling mistakes—*Actium Lappa* for *Arctium Lappa*, *Macid* for *Macis*, *Maly* for *Malv.*, *Cochlear* for *Cochlear*. Alarm bells having rung, one looks further. Surely *Cochlear* is more likely to have been the shortening for the much prescribed *Scurvy Grass* (*Cochlearia officinale*) rather than for *Horseradish* (*Cochlearia armoracia*), and would not *Mann*. be the abbreviation for the commonly used *Manna*, rather than *Mandrake*? *Diam*. besides being the shortening for *Diambra* (not *Diamber*) is also that for *Diamoran* and *Diamoschum*, *Dia* being a prefix indicating "made from". *Vaccin. (ium)* is unlikely to be *Hyacinth*, little used in medicine, but the

bilberry, *Vaccinium myrtillus*, and surely *Andromach.* is more likely to be a reference to the famous *theriac* and not to *Erica*?

An attempt was then made to read the prescription on Plate 3 (p. 36) which had been prescribed for Mrs Barrow, "a widow about 40 years old of good constitution and full of sap". The results were not reassuring.

After having had six fluid ounces (i.e. ̄vi) of blood taken she was given, firstly *Sal. Volatile* and then a *Vomit* consisting of two drachms (3ij) of *Vini Emet* and one drachm (3i) of salt, *not* 2 oz and 1 oz. respectively. Later she was made to sneeze and given the following:

R

Aq. Ceras: N.—Black Cherry Water, *not* Barley Water.

Aq. Puleg:—Water of Pennyroyal of each ̄ijj (i.e. 3 fluid ounces).

Aq. Paeon: C—Compound Peony Water

Aq. Bryon: C—Compound Bryony Water of each ̄i (i.e. 1 fl. ounce), *not* 3 oz.

Tinct. Castor.—Tincture of Castor

Tinct. Croci—Tincture of Saffron

Sp. Lavend. C.—Compound Spirit of Lavender of each 3fs. (i.e. 1½ drachms) *not* 1½ scruples. The scruple sign is ̄.

Syr. Sacch.—Syrup of Sugar—3v (i.e. 5 drachms), *not* 5 scruples.

Or

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Pil. Ruffi—3ij (i.e. 2 drachms), *not* 2 scruples.

Tart. Vitriolate—vitriolated Tartar or crude Potassium sulphate 3i, *not* 1 scruple.

Castor: pulv.—powdered Castor (rather than Sugar, I think)

Sal. Vol. Succin.—Salt of volatinised Amber of each 3fs (i.e. half a drachm), *not* half a scruple.

Ol. Succin. *rect.*—Rectified Oil of Amber -gtt. xx. (i.e. 20 drops). This is *not* "per rectum"

Bals. Peruvian:—Balsam of Peru—q.s.

If the editors have throughout the book mistaken the drachm sign for that of the

scruple then every prescription where this occurs has a serious error, and so, in a sense, invalidates Brownrigg's treatment. A drachm (3)=60 grains, whilst a scruple (ʒ)=only 20 grains—an error of 1:3. Of less importance is to have equated the apothecary ounce (ʒ) with that of the avoirdupois (oz) as there is a difference of 42.5 grains between them.

It would thus seem that the editors have an unfortunate lack of familiarity with the nomenclature and signs of the older medicines and prescriptions. This has the undesirable effect of the reader wishing to check with the original manuscript because of lack of confidence in the interpretation.

Not wishing to end on too sour a note, it is pleasing to a pharmaceutical historian to see a reference to a prescription seen "in Mr Garnière's chemist's shop in London" which in fact was in Pall Mall. The date seems to be in the early 1730s so this could have been either Isaac or his son Thomas who belonged to a family who had Royal Apothecaries, Apothecary-Generals and apothecaries to the Chelsea Royal Hospital amongst its members.

J G L Burnby, Wirksworth, Derbyshire

Jean-Claude Beaune (ed.), *La Philosophie du remède*, Seyssel, Éditions Champ Vallon, 1993, pp. 384, Frs 175.00 (2–87673–179-7).

This book contains the papers presented at a 1992 colloquium organized by the department of philosophy of the University of Lyons. It is seemingly a companion volume to the published proceedings of an earlier symposium, entitled *La Nécessité de Claude Bernard* and held under the same auspices. Like its predecessor, the meeting took place partly in the Claude-Bernard Museum at Saint-Julien-en-Beaujolais, but Bernard himself is barely mentioned by the thirty-five participants. Indeed, he is explicitly reproached by one of them for having over-emphasized the "how" of therapeutics at the expense of the "why", a charge which he had anticipated in one of his famous *Lectures on the phenomena of life common to animals and*

plants: "Determinism is . . . the sole scientific philosophy that is possible. In truth, it does forbid us the search for the why; but why is illusory. On the other hand, it exempts us from doing like Faust, who after affirmation, plunges into negation".¹

There is a Faustian quality about many of the contributions. Several authors appear to have sold their souls to philosophical devilment in attempting to meet the editor's stated aim of concentrating on the historical and epistemological ambience of medico-pharmacological intervention. As might be expected, a francocentric intellectualism is prominent in those sections of the material devoted to definitions, culture and philosophy respectively, and is also readily detectable in the historico-scientific section. The choice of topics is arbitrary throughout. Thus, for example, while there is surprisingly little on the adverse effects of treatments, a placebo paradigm is identified in Nietzsche's *Ecce Homo*, and the final word is given to a psychoanalyst citing Lacan (who else?) in support of the notion of delusion as self-cure. The great physiologist would surely have found no grounds here to modify his belief that "le meilleur système philosophique consiste à ne pas en avoir".²

Michael Shepherd,
Institute of Psychiatry, London

¹ C Bernard, *Lectures on the phenomena of life common to animals and plants*, translated by H E Hoff, R Guillemin and L Guillemin, Springfield, Thomas, 1974, p. 288.

² C Bernard, *Introduction à l'étude de la médecine expérimentale*, Paris, Garnier-Flammarion; 1865, p. 306.

Peter Keating, *La Science du mal: l'institution de la psychiatrie au Québec, 1800–1914*, Montreal, Éditions du Boréal, 1993, pp. 211 (2–89052–529–5).

Peter Keating's *La Science du mal* is a concise and well-organized book that describes the history of psychiatry in the Canadian province of Quebec between 1800