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“lovesickness”, a condition for which the standard remedy was sexual intercourse. He relates how certain Christian groups opposed the treatment, and how the power of the religion ensured that sufferers were increasingly left to the mercy of God, rather than allowed the treatment of choice. The account of the rise of syphilis in Europe is conventional, though the emphasis is on how sufferers had to endure the pains of treatments or neglect. Whether treatments for the pox were any worse than those for other similar diseases is a moot point, as is whether their exclusion from hospitals was any more punitive than that of other sick persons who were from the undeserving poor, or had incurable diseases. The account of masturbatory disease—a “collective delusion”—will be rather too presentist for professional tastes. The chapter provides a good synthesis of the current literature, though he has a penchant for leg-crossing details. Given the overall argument of the book, it would be nice to have heard more about how the previously powerful forces that had welded sex and sin together began to be wrenched apart and how masturbation became de-medicalized. AIDS is linked to the past because its sufferers were stigmatized, were often cast out, and, in the case of homosexuals and drug users, were seen to have brought the disease upon themselves through immoral and unnatural acts. Allen focuses on the political history of AIDS and the massive difficulties that doctors and activists faced, first in having the problem recognized, and then in getting safe sex messages into the public domain in effective ways. He shows how attitudes to AIDS did shift, albeit slowly and unevenly, though again it would be nice to know what agencies were critical in this change. This is an important part of the story as activists, sufferers and voluntary organizations arguably played a more important role than did state agencies or the medical profession. Thus, Allen ends on an optimistic note suggesting that lessons have been learned from history,

although he is not complacent as he warns that emerging diseases might rekindle old prejudices and fears.

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Alexander Murray, *Suicide in the Middle Ages. Volume 1: The violent against themselves*, Oxford University Press, 1998, pp. xxiii, 485, illus., £30.00 (hardback 0-19-820539-2).

In recording the details of more than 300 cases of suicide, dating mostly from the eleventh to fifteenth centuries, Alexander Murray's intention is to bring to light the reality of medieval suicide. Or to put it more poetically, he seeks to rescue these shades from the historical oblivion into which their final acts have cast them. This volume is concerned exclusively with the victims of suicide; a further two complete the project. The second (*The curse on self-murder*) explores medieval society's reaction to suicide, showing how attitudes of shock and horror manifested themselves in legal, religious and conventional terms. Part three (*The mapping of mental desolation*) will investigate the emotional and psychological impact of suicide, showing how poets and pastors responded to it.

This ambitious project is obviously conceived under the influence of French cultural history. In tracing the theme of suicide across national and disciplinary boundaries it seeks to uncover attitudes and sensibilities—mentalities—underlying the medieval view of life. It is curious, then, that in this volume the author should adopt a singularly Anglo-Saxon empirical approach to his work. Murray meticulously combs the surviving sources for any signs of suicide. Each source is carefully classified. Each suicide case is painstakingly analysed for its verisimilitude. Every inference is expressed cautiously, and every conclusion

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is drawn precisely. This is the very model of scrupulous scholarship.

Murray groups his suicide accounts according to the sources from which they are drawn. He systematically works his way through chronologies, judicial records and religious sources, sub-dividing each category as he goes. First, he examines chronicles of public figures and private individuals, town chronicles and chronicles of religious orders. Then, he investigates the legal documents: Eyre rolls, coroners' records and rolls of the King's Bench in England; French ecclesiastical and secular court rulings and the Parlement's Letters of Remission; and town judicial records from the Empire. Finally, he analyses biographies of saints (*vitae*), accounts of miracles (*miracula*), and stories told for the sake of moral instruction (*exempla*).

Murray offers excellent descriptions of all these genres. This is important, he explains, because knowledge of the literary conventions involved helps us to appreciate how each suicide account has been shaped. Murray rightly reminds us of the methodological principle that these legal and literary records were not designed to record suicide cases for historical purposes. Instead, each case involves an intricate piece of historical reconstruction, in which the processes generating the suicide account are examined in an attempt to reach back to the historical event that stood behind it.

The years of effort that went into this task have paid rich dividends. When all the necessary qualifications have been made, Murray is left with a database of 700 suicides, the details of which are summarized in a fifty-page Appendix. Three hundred and ten of these cases are recounted in the first fourteen chapters of the book. The final two chapters attempt to make statistical sense of this information, with calculations of the rate of suicide, the proportion of suicides to other homicides, and whether the rate of suicide increased in the sixteenth century. Information is also provided on the victims' gender, wealth, occupation, age, family status, and preferred method of suicide.

Readers of this journal will be interested to know that Murray reports only one case of a *medicus* having attempted suicide. This was the Englishman Richard Blofot of Cheddestan who, having killed his wife and children, attempted to hang himself and was eventually imprisoned in Norwich in 1270 (p. 444). More importantly, Murray reports that physical ailment does not seem to have been a major cause of suicide, or at least this was not the sort of thing that the sources recorded. But judicial and religious sources do cite mental illness as a major factor in suicide. Recognized psychological problems included derangement, madness and insanity (*frenesis, alienatio mentis, insania*) on the one hand and sadness (*tristitia, aedia*), depression (*melancholia*) and despair (*desperatio, taedium vitae*) on the other. Cases in which these factors are mentioned are noted in Chapter 14, but Murray does not investigate these concepts in detail. Presumably he will return to the issue in the third volume of his trilogy.

This volume provides us with by far the most detailed record of medieval suicide to date. The only problem is that the reader is left wondering what it all means. But maybe this is Murray's way of holding us in suspense for the second and third instalments of this epic project.

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Jean-Pierre Bénézet, *Pharmacie et médicament en Méditerranée occidentale (XIII^e–XVI^e siècles)*, Sciences, Techniques et Civilisations du Moyen Âge à l'Aube des Lumières, Paris, Honoré Champion, 1999, pp. 794 (hardback 2-7453-0001-6).

Until recently, histories of pharmacy in the Western Mediterranean from the late Middle Ages to the early Renaissance have mainly consisted of positivistic studies of