

## Book Reviews

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

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with which the debate turned towards the reliability of the witnesses and the social consequences of accepting their statements. As the witnesses were predominantly women (sometimes poor women), the supposedly scientific accounts degenerated into arguments as to whether supporting or gainsaying the testimony in question would help or hinder the maintenance of patriarchy and hierarchy. Virtually all the medical experts (even the Mesmerists) believed that women should be kept in a subordinate position. Only the doctors who supported the possibilities of late births, notably the Paris physician, Antoine Petit, showed any sympathy for the reliability of female intelligence, and, significantly, Petit, a bachelor renowned for his charm, was to be accused by his colleagues of professional impropriety.

Assessing the value of Lindsay Wilson's work is very difficult, for, despite the title, it is not just a study of female diseases or even quasi-female diseases (i.e. pregnancy). In fact, the book ranges over a variety of topics, such as the emergence of medical jurisprudence and the professionalization of science, in which the activities of women *tout court*, not just their diseases, seem to have informed specific male-determined eighteenth-century developments. Moreover, only one (predominantly) female disease is actually examined: convulsions. Not only do the chapters on Saint-Médard and Mesmer deal with women subject to fits, but a separate penultimate chapter looks at the medical discussion of convulsions over the century. On the other hand, there is much in the book that historians of medicine will find stimulating. It has become customary (with the work of Toby Gelfand in particular) to see the eighteenth-century Paris surgeons and physicians on different sides, the former representatives of modernity, the latter of tradition. Wilson demonstrates that this is a false dichotomy when attention is focused, not on the two groups' relative spheres of influence within the medical marketplace, but on the way the marketplace was to be policed. Physicians and surgeons joined together to support or oppose patient (especially female patient) power, just as they joined together to uphold or undermine the hitherto dominant Baconian ethic of science which stressed as its goal the mastery of nature. Similarly, it has become customary (again thanks to Gelfand, and the work of the *Annalistes* on the Société Royale de Médecine) to see the medical relationship of the provinces to the capital as one of dependence. Wilson's general chapter on the vapours (based primarily on study in the Society's archives) gives the lie to such Tocquevillian prejudice by demonstrating that provincial physicians and surgeons had their own views of the disease's cause. Whereas those in the capital, used to administering to the rich, believed that convulsions were the result of female idleness and soft-living, their country cousins, more used to poorer patients, attributed the malady to female sexuality and religiosity.

On balance, then, this is an important book, which is marred by its discursive nature. Throughout, the reader is continually struck by assertions and speculations that cry out for further expansion. Is it really the case, for instance (pp. 4–5), that the medical profession's heightened concern about unlicensed practitioners simply reflects the fact that corporate society was in crisis? My own feeling would be that medical corporatism in particular is in crisis because of the *inflated* number of empirics. Or again (p. 166), is it really true that women flocked to Saint-Médard and Mesmer as a protest against social subordination and ostracism. After all, the supposedly predominantly female constituency in either case might be a literary fiction, an invention of the establishment anxious to give the impression that acolytes were weak-willed and insubordinate. Lindsay Wilson's readers will admire her originality, applaud the careful and unprejudiced way that she makes use of gender as the organizing principle of the work, but wish that she had written at greater length.

Laurence Brockliss, Magdalen College, Oxford

CAROLYN D. WILLIAMS, *Pope, Homer and manliness: some aspects of eighteenth-century classical learning*, London and New York, Routledge, 1993, pp. xi, 220, £37.50 (0-415-05600-4).

There are some books with no direct connections to the history of medicine that should not be passed over by medical historians, and this is one of them. In a brief monograph, as witty as it is erudite, Carolyn Williams illuminates the perplexing and contested boundaries of gender in the early eighteenth century by exploring the nuances of Alexander Pope's translations of the *Odyssey* and the *Iliad*. A double interest lies therein.