

or about Sigerist's participation in the Commission on the future of health care in India. However, the present project offers a sound basis for further reflection on the work of this important figure, who, among other things, invites us to engage in continuing debate on the academic and public role of the history of medicine.

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**George Weisz**, *The medical mandarins: the French Academy of Medicine in the nineteenth and early twentieth centuries*, Oxford University Press, 1995, pp. xviii, 306, illus., £46.95 (0-19-509037-3).

The title of this carefully researched book may conjure up images of an intellectual corporation, richly endowed and ceremoniously inscribed in the ruling elite—a picture typified by the physician René Laënnec, who became a great figurehead for the Academy. A classical scholar and royal favourite, Laënnec visited his patient, Cardinal Fesch—Napoleon's uncle, in “costume de cour” and sword. A medical innovator, he showed off his new auscultation by listening through a horn of paper to the palpitations of Madame de Staël's heart. But this book, to be sure, is not about the mandarin as courtier, but as bourgeois professional, dispensing medicine for a mass population. As Weisz suggests, the French Academy of Medicine was virtually created in 1820 by the state. Disparate specialities and institutional groupings were combined to form a single arbiter of new medical knowledge, a chief advisory body to the government, and the main instrument of its public health policy. A detailed account of these various functions, from the awarding of prizes and copious review writing, to the carrying out of epidemiological surveys, the administration of vaccinations, and the supervision of secret remedies and waters, constitutes a large portion of this book. But Weisz approaches his subject from other angles: its administrative structure,

architecture, finances, literary productions, prosopography, and rise and fall.

It is perhaps surprising, given the role of the Academy in the refashioning of medicine as a tool of the secular, bureaucratic state, that Weisz narrates the decline of the institution both as a centre of medical science and as an administrative body, these functions being eclipsed by its role as technical adviser. Here, removed from the explicit exercise of political power, is where post-revolutionary governments seem to have always wanted their medical elites. The growing detachment of medical science from politics is exemplified by the case of mineral waters and cures. During the middle decades of the century, the Academy actively promoted the advance of medical authority in the public sphere, regulating commercial interests, suppressing irrational treatments, and securing economic prosperity and public health through an army of inspectors, analysts, and reports on patients' health. But these measures were resisted by patients, who maintained their own rationale for taking the waters, and by local physicians, who resented the intrusions of Academy-appointed inspectors. By the end of the century, the administration of public hygiene was taken over by government officials, while private doctors supervised the health of individual patients. Likewise, the science of hydrology, once wedded to a national programme of public hygiene, gradually became an independent speciality, separate from the regulation of the spa and outside the jurisdiction of the Academy.

According to Weisz, then, the history of the Academy—the institution which, after all, served to invent “public health” as an instrument of good government, is ultimately a story about the powerlessness of medical elites over patients, over the body politic, and over the profession itself. It is a history in which power is too confined and divided to support the kind of Foucauldian framework that has proved useful in the work, for example, of Jan Goldstein and Ann La Berge. Against such arguments, the Archive strikes back!—for, as Weisz maintains, this book follows the

determining threads of the sources rather than those of any over-arching theory or narrative.

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**John Harley Warner**, *Against the spirit of system: the French impulse in nineteenth-century American medicine*, Princeton University Press, 1998, pp. xi, 459, \$37.50 (0-691-01203-2).

John Harley Warner knows more about the travels of nineteenth-century Americans to medical Paris than any other historian. For more than a decade he has published articles and delivered papers about these Americans abroad: their fascination with the practical, empirical study of medicine in the French capital, their disinterest compared with the English in the structure and polity of French medicine, and the lingering memories of Paris that filtered through the haze of their passing years. Throughout, his interest has been more in such current concepts as professional identity, historical memory, and storytelling than in a narrative description of the impact of Parisian travel on American medicine. The research he has undertaken is staggering—nearly a hundred repositories in the United States and abroad are listed in the present work—and his command of the published literature is excellent.

*Against the spirit of system* is an elaboration of his previous accounts and an extension of them to the whole spectrum and meaning of the French influence on American medicine. Beginning with an analysis of the competitive antebellum atmosphere in medicine and the reasons for American travel to Paris, the book centres on how American physicians viewed French medicine and sought to apply it at home, and concludes with a section on the waning impact of the Paris school in an era of German ascendancy. At the risk of oversimplification, the principal themes seem to be: (1) Americans went to Paris primarily to set themselves apart from their fierce competitors; (2) while there, they sought

practical experience at the bedside and dissecting table rather than in mastery of the scientific work of the professors; (3) they learned most from private, for-fee courses in such subjects as lung disease, use of the stethoscope, and midwifery; (4) they returned with an animus against speculation and in favour of an empirical search for knowledge; (5) they showed less interest than the English in the organization and social structure of French medicine; (6) they disdained French callousness towards patients and their sceptical attitude toward traditional remedies, yet curiously thought themselves better “healers” than the French (a strange paradox, since closer observation and better diagnosis clearly had to precede better therapeutics); (7) their successors, many of them, continued to go to Paris for clinical experience as late as the 1860s despite the growing ascendancy of German study; (8) they continued to cling to their memories of Paris in face of the growing challenge to their professional identity of the German-influenced generation around them.

What then is new in the present work? Primarily the organizing theme that the Paris experience was central to a strong American reaction against “the spirit of system”. Here Warner’s strength in amassing large amounts of material to sustain a sharply focused argument—e.g. that Americans went to Paris for practical rather than scientific reasons—fails him. The book’s theme is repeatedly asserted but never really argued or proven. To demonstrate that foreign travel uniquely *caused* or *deepened* the spirit of empiricism in American medicine, it is necessary to show that the travellers began their studies with a bias toward rationalism and systems, then changed their views in Paris in favour of empirical observation and clinical experimentation, and finally were successful in applying new viewpoints in the average American classroom, in frequently used texts, in teaching apprentices (still the principal way of learning clinical medicine), and in the treatment of patients—and that the sharp turn toward empiricism would *not* have come if this relative handful of Americans had stayed at home. In actual fact,