

Comptes rendus / Book Reviews

Vivian Nutton, ed. — *Medicine at the Courts of Europe, 1500–1837*. London: Routledge, 1990. Pp. x, 301.

Evelyn Bernette Ackerman — *Health Care in the Parisian Countryside, 1800–1914*. New Brunswick, N.J.: Rutgers University Press, 1990. Pp. xvi, 245.

At first glance these books hardly appear to be related, except that they both deal with the history of European medicine. The collection of essays edited by Vivian Nutton considers court medicine in the early modern era and the Enlightenment, while Evelyn Ackerman's monograph focuses on nineteenth-century rural health care. The Nutton volume treats (among other things) the health care of the upper classes at court, while Ackerman investigates that of peasants.

Nutton argues that court medicine has been neglected by both social and medical historians. Studies of court society have downplayed or ignored physicians because they were outsiders — employed by the court but not necessarily part of it. As Colin Jones remarks in his essay on the *médecins du roi* and the French Revolution, “The *premier médecin* was of the court all right, but he was not a courtier” (p. 210). One of the goals of the volume then is to look at the work of physicians in the context of court society.

For their part, medical historians have tended to ignore court physicians because, first, medicine was often only part of the physician's job at court and, secondly, court physicians rarely excelled as medical scientists. Nutton's use of this term may strike some readers as problematic. It is not self-evident why one would expect a court physician to be a medical scientist, at least in terms of what this meant in the early modern context. Nutton suggests that a number of physicians — Vesalius is the case in point — were practising “medical science” before they assumed their duties at court, but that their research typically ended with the court appointment. She assumes that historians of medicine are mainly interested in the prior research activities of these men, not what they did after arrival at court. To me this seems an outdated positivist notion that privileges medical research (science) over the practice and politics of medicine. Maybe Nutton is right, but given the large number of social historians of medicine in the discipline, I doubt it.

In any case, the *raison d'être* for Nutton's anthology is that the practice, politics, and patronage of medicine are central to our understanding of the medical enterprise writ large. She sets out to prove this point with a collection of lively and carefully crafted essays addressing court medicine from a variety of perspectives: diseases and medicine at particular courts (including the papal court, that of Catherine the Great, and the English court), the spread of Paracelsianism throughout the courts of Europe, and literary images of French court physicians. This excellent collection is wide-ranging and a pleasure to read. Once having done so, I felt I had a clear understanding and new appreciation of that genre of medicine called "court medicine".

While all the essays taken together provide an integrated picture of court medicine, two focus on French medicine. Laurence Brockliss's contribution, "The Literary Images of the *Médecins du Roi* in the Literature of the *Grand Siècle*", is written with his usual flair and keen insights. Indeed his work is indispensable to an understanding of early modern medicine. By looking at the private writings of five literary figures of the era, Brockliss conveys the image of the court physician in seventeenth-century France. Relying on the accounts of memorialists such as Gui Patin, Madame de Sévigné, and Saint-Simon, he portrays the life of the court physician as initially precarious. His literary sources suggest a gradual improvement of the social standing and security of court physicians from lackey to expert advisor by the end of the century.

Colin Jones's essay, "The *Médecins du Roi* at the End of the *Ancien Régime* and in the French Revolution", takes up the story where Brockliss leaves off. Jones emphasizes social standing and power relations at court and places the court physician within the context of two political struggles: one between the court and the Paris Faculty of Medicine and the other between the Faculties of Medicine in Paris and Montpellier. Like Brockliss, he shows court physicians becoming more powerful, benefiting from the increase in royal power during the eighteenth century. The King's first physician (*premier médecin du roi*) came to rule over his own little empire, with the expansion of the royal medical household to nearly 200 posts just before the Revolution. He also achieved a position of national power, assuming, by virtue of his proximity to the King, a kind of "moral authority" over all French physicians. Jones portrays the evolution of the first physician to a "prince of medicine" with broad cultural authority within the medical court and in the larger society of French physicians.

While focusing on court physicians, Jones also presents a careful analysis of eighteenth-century French medicine in general. He provides an interesting account of the Royal Society of Medicine. In emphasizing the central role of court physicians in the new institution, he revises the view that closely identifies its organization with its leading apologist, Vicq d'Azyr. The Revolution brought about a rearrangement of strongholds of medical power in which the Royal Society of Medicine was dissolved, along with royal power, and the Paris Faculty of Medicine emerged triumphant.

Evelyn Ackerman makes it clear that *Health Care in the Parisian Countryside, 1800–1914* is about as far away from court medicine as one can get: "this book is

not about the upper classes" (p. 11). She focuses instead on rural dwellers: peasants, farmers, artisans, *petit bourgeois*, physicians and other health care providers, and bureaucrats.

In her well-written, carefully researched book, Ackerman describes and analyzes disease, health, medicine, and health care in one French department, the Seine-et-Oise, just outside Paris. As a social historian she enables us to empathize with the mind-set of rural inhabitants, their world view, and their attitudes toward health questions and doctors. This is medical history from the bottom up, from the patients' point of view, at its best. Trained as a French historian in the genre of "village studies", Ackerman wrote an earlier book *Village on the Seine: Tradition and Change in Bonnières, 1815–1914* (Cornell University Press, 1978), a micro-history of a small town in the same department. By looking carefully at local traditions and institutions, she explores medicine and health care within the context of a regional culture and society, with which she is intimately familiar.

Ackerman discusses the social and cultural distance between peasants and doctors, one of the reasons peasants preferred other kinds of healers to university-trained physicians at the outset of the nineteenth century. Yet by mid-century a glut of physicians and health officers in the department was accompanied by an increase in patients' demands for doctors. This occurred, Ackerman suggests, because of a changing culture in which physicians became more acceptable to peasants and additional money for medical care became available, making physicians more affordable.

A major portion of the book deals with public health, including a detailed discussion of cholera and the impact of the bacteriological revolution. The book illustrates in microcosm the broader sweep of the nineteenth-century public health movement and shows that, though centred in Paris, the movement was national in scope and impact. Although Ackerman portrays the Seine-et-Oise as representative of broader national concerns, she also shows how and why these rural dwellers sometimes resisted Parisian health initiatives. Her most successful interpretive strategy is to employ the centre-periphery model, according to which provincial France "stood in a kind of colonial relationship to Paris" (p. 9). Rural dwellers, and often their physicians as well, did not share the values of the Parisian hygienists, bacteriologists, and bureaucrats. Those on the periphery — the inhabitants of Seine-et-Oise — saw many issues differently than did those in the centre — Parisians. Ackerman is sympathetic to the earthy pragmatism of peasants in public health and medical matters. They were not the backward, hopelessly irrational creatures portrayed by some medical writers who despaired of ever civilizing them, but people acting out of rational self-interest. Their attitudes toward disease and health care made good sense within the context of their culture.

Together these two books open new areas of consideration for social and medical historians. The Nutton volume portrays, analyzes, and gives a good overview of high-culture, elite medicine with its proximity to royal power. The court physician emerges as a particular historical and medical type. The Ackerman book uses a micro-historical approach to elucidate broader themes within the social history of nineteenth-century French medicine. The product of painstaking research, it offers

a careful analysis of rural health care and low-culture attitudes toward health and disease. I strongly recommend both books to social and medical historians.

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Philip Benedict, ed. — *Cities and Social Change in Early Modern France*. New York: Routledge, 1992 (1st ed. London, 1989). Pp. 215.

À la fois synthèse et recueil d'articles, mais mieux encore que l'un ou l'autre, cet ouvrage plonge adroitement son lecteur au coeur des principales problématiques de l'histoire sociale des villes françaises des XVI^e, XVII^e et XVIII^e siècles. Philip Benedict brosse d'abord un tableau des connaissances actuelles et de leurs lacunes, préparant ainsi le terrain aux six siècles qui suivent. Ceux-ci permettent à leur tour d'apprécier de plus près les aspects concrets de la recherche historique récente dans ce domaine : sources, méthodes d'analyse, interprétations. Ainsi, les deux parties du volume — la synthèse et les monographies — présentent une belle complémentarité. La qualité soutenue de l'ensemble contribue à renforcer cet équilibre.

De Toulouse à Dijon, des rues cossues de Paris aux « gros bourgs » de Haute-Provence, du massacre de la Saint-Barthélemy à la Révolution, l'aire géographique et chronologique de cet ouvrage a été « taillée large ». Une impression d'homogénéité en ressort pourtant, car la plupart des études publiées dans ce recueil possèdent plusieurs traits en commun. Une ville, d'abord, comme essentiel point d'ancrage; seule l'étude de René Favier porte sur l'ensemble d'un réseau urbain, en l'occurrence celui des petites villes du Dauphiné. Dans chaque cas — sauf peut-être dans l'article de Robert A. Schneider qui porte sur les relations entre le roi, le Parlement du Languedoc et le gouvernement municipal de Toulouse — la recherche a pour but de décrire les diverses composantes de la société urbaine et leur comportement. Les problématiques abordées dans ce recueil sont donc plutôt vastes, de manière à remettre à jour les fondements mêmes de notre perception des structures sociales de la France moderne. Enfin et surtout, comme l'indique le titre de l'ouvrage, la plupart des textes ici réunis s'articulent autour d'une même préoccupation pour le changement. Changements, évolution, mutations : voilà ce que cherchent à révéler ces historiens auxquels on a donné trois siècles en pâture.

Certes, tous n'ont pas tenté de couvrir la période intégralement, mais quelques audacieux s'y sont risqués, notamment James R. Farr, qui a voulu observer les transformations de la structure sociale et économique de Dijon de 1450 à 1750, et Schneider qui a suivi de 1500 à 1789 le développement des rapports entre la ville et l'État absolutiste. Dans les autres articles également, on évoque volontiers des situations très éloignées dans le temps, à titre de points de comparaison. Par exemple, Robert Descimon éclaire le Paris de 1571 en se servant de documents du milieu du XVII^e siècle et Frederick M. Irvine souligne un contraste entre le Montpellier de la Renaissance et la même ville une centaine d'années plus tard. De tels survols historiques relèvent de la gageure; si ces auteurs s'en tirent généralement