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[Book Review of] *Health, Medicine and Mortality in the Sixteenth Century*, edited by Charles Webster from the *Cambridge Monographs on the History of Medicine*

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is a well-known and respected leader of the pro-life movement and a practicing surgeon in Cleveland, O. The book is written at the level of easy comprehension for any educated layperson. The first half is devoted to basic factual knowledge about reproduction and birth control. It re-emphasizes the incontrovertible complications of the use of the IUD and the pill in a detailed and comprehensive manner. These complications have been released to the public in piecemeal exposés over the past decade but here they are woven together into a fabric of risk not usually portrayed in the lay press or even scientific journals. It would be helpful to clergymen engaged in pastoral counseling to read Dr. Espinosa's careful documentation of the abortifacient action of the intrauterine device and oral contraceptives. It is pointed out that efficient inhibition of ovulation requires a daily dose of ethinyl estradiol of approximately 400 mcg. No birth control pill has such high doses of estrogen because the estrogen fraction is responsible for many of the undesired side effects of the pill. The reduction of the antioviulatory dose of estrogen by 80-90% (to achieve the usual commercial dose) will result in an inconsistent suppression of ovulation. The pill remains an effective anti-birth medication, however, through the additional effects of the progestin fraction-principle of which its effect on the uterine lining is to prevent nidation of the blastocyst. This latter is an abortifacient effect.

The second half of this book is aimed at a refutation of the various anti-people strategies which seem to dominate American politics both at home and in its often paternalistic activities abroad. The final chapter is an attempt at recruitment and formation in the pro-life cause with practical advice for participating in this new civil rights movement.

This is an altogether admirable and useful book written by a wise and seasoned pro-life physician.

— Eugene F. Diamond, M.D.
Professor of Pediatrics

Review of Health, Medicine and Mortality in the Sixteenth Century

Edited by Charles Webster from the Cambridge Monographs
on the History of Medicine

Cambridge University Press, 32 E. 57th St., New York, N.Y. 10022, 394 pp., \$39.95.

Dedicated to the memory of Sanford Vincent Larkey, the volume is divided into two major sections, the first concerned primarily with prevailing levels of health and problems of disease, the second with agencies of health care. In chapter 1, Paul Slack discusses "Mortality Crises and Epidemic Disease in England (1485-1610)." Figuring prominently among the epidemics were typhus and less well-defined disease processes such as dysentery and particularly bubonic plague which came and went before and after this period, producing years of very high mortality. In addition, there were other less well-defined disease processes. Slack

discusses the effect of starvation or partial starvation in abetting the processes of such infectious diseases as plague. Chapter 2, by Roger Schofield and E. A. Wrigley, is entitled "Infant and Child Mortality in England in the Late Tudor and Early Stuart Period." It is stated that, "Taken together, the infant, child and adult mortality rates in Tudor and Stuart England suggests an expectation of life at birth in the range 35 to 40 years, an unusually high level for the general standards of early modern Europe. This was largely due to the relatively low infant and child mortality rates, an advantage which remained despite the sharp rise in child mortality between the late 16th and early 17th centuries."

Chapter 3 by Andrew B. Appleby is entitled "Diet in Sixteenth Century England: Sources, Problems, Possibilities." There is discussion of periods of famine and partial famine all during the century. Much of this material is summed up in comments on pages 115 and 116 as follows: "In this essay I have argued that the diets of the rich and poor in a sense diverged during the 16th century. I do not mean that the poor ever ate the same food as the rich but that during the course of the century the food of the rich became increasingly luxurious while the food eaten by the poor became more heavily weighted towards cheap bread grains. . . . Finally at the end of the century — if not before — harvest failure brought starvation to many of the poor. Beyond this broad outline little is known about the diet of, or its effect on the daily life of, the 16th century English man or woman." Numbers of small vignettes, many distressing, about life in 16th century England, with ramifications that likewise go backwards into the middle ages and forwards into the 17th, 18th and even later centuries, are indicated in these discussions. Wordsworth indicated that "the child is father to the man"; the history and trends of previous years constantly lie with us, whether we are formally aware of them or not. This is one of the real rationales for the study of history, as well as its intrinsic interest to many (including the undersigned, who labors under the possible disadvantage of being a confirmed bibliophile).

Thomas R. Forbes wrote chapter 4, "By What Disease or Casualty: The Changing Face of Life in London." It contains a model including the Moorfields District of London in 1559, along with many graphs and tables. On pages 123 and 124, there is a summary, as follows: "Most conspicuous is the huge proportion of parish deaths, 31% to 48% — under the age of 5. Until the 60-69 year age group is reached, the percentage of deaths in past centuries in London, as represented by our samples, continued to exceed the modern percentages. Then as the 1968 curve climbs to its peak at about the biblical three-score years and ten, the curves for past centuries drop even lower, simply because very few people survived past age 80. Except for deaths in under 5 year groups, the curves for the four parishes are quite similar." In this chapter the point is made that early childhood mortality was appreciably higher than infant mortality primarily because of the high prevalence of infectious disease, whereas infant mortality was contributed to, to a greater extent, by congenital and other problems not necessarily affected by the environmental conditions of the time.

The second part of the volume is divided into a number of chapters dealing with agencies of health care. On page 5, Patricia Allderidge discusses "Management and Mismanagement of Bedlam, 1547-1633." The Bedlam Hospital is particularly well known for the treatment of various psychiatric disorders. Apparently it evolved into that by some species of accident. To the undersigned this chapter was somewhat revealing but also rather distressing, since there appeared to be more mismanagement at Bedlam than anything else. Apparently, during much of this period, Bedlam was used as a sinecure. There was a continual tug of war between the English crown and the government of the city of London about who would control Bedlam.

The chapter on "Medical Practitioners," by Margaret Pelling and Charles Webster, continued the discussion of health care agencies. This to me was a partic-

ularly interesting chapter and is rich in detail relating to education, medical education, customs, practices, human peccadilloes and what have you. Apparently almost all the authorities "got into the act" on medical practice and licensure, with conflicts between the ecclesiastical and the guild authorities on who should license physicians, and between many other groups concerning such licensure. Physicians were distinctly a cut above surgeons, and took the opportunity to show it and to try to enforce it. The universities gave licenses on the basis of academic aspects which might or might not relate to particular clinical expertise. In addition, the ecclesiastical authorities likewise gave licenses. Furthermore, numerous people by an apprentice system set themselves up in some type of practice. Particularly outside London, it seemed this might or might not be restricted in any effective way. A comment is made that the apparent reason for some of the variation was the tolerance of the educated classes and of the population in general for different aspects of medical qualification by different routes, and their unwillingness to see the College of Physicians or any organization completely dominate the granting of medical licenses. The following lists of practitioners are given: 1) physicians (clinicians), 2) surgeons and barber surgeons, 3) apothecaries, 4) women practitioners (these were the "wise women"), 5) the unlicensed (apprentices), 6) strangers (foreigners), 7) those with an arts degree but no M.B. or M.D. Apparently one could almost "pay his money and take his choice" among these various categories. Part of this aspect relates to the evolving conflict between Galenical medicine, in its various forms, and alchemical and folk medicine. I would recommend that anyone interested in the book particularly read chapter 6 to get some idea of some of the background of practitioners at a period in medicine. This, I think, is probably the most interesting and varied part of the whole book.

Paul Slack's chapter 7 is entitled "Mirrors of Health and Treasures of Poor Men: The Uses of the Vernacular Medical Literature of Tudor England." There is much discussion in this book of the vernacular literature, a good deal of it by translation or parallel from that in Latin or the various continental languages, though some originated from direct observation or experience in England. A few lines on page 273 sum up much of this material: "It is in their reflection of common assumptions and attitudes that the main value of the textbooks and collections of remedies considered here lies. . . . There were not two distinct medical cultures. The need for diagnosis, rituals and meaningful explanations which the literature tried to meet was felt as much by the illiterate who sought out the local cunning women as by the ladies who employed physicians." Apparently everyone had a nostrum for almost everything. One gains a distinct impression that from this may have come the habits of the 19th century about which Oliver Wendell Holmes commented in connection with the pharmacopoeia to the effect that were it dumped in the ocean, "it would be better for patients and the worse for the fishes."

Chapter 8 by Allen Chapman, on "Astrological Medicine," treats the various components of the effect of astrology on medicine, human life, customs, etc. Comments on page 300 fairly well sum up the material: "The degree of respect felt for astrology in the 17th century, fluctuated partly in accordance with the varying degrees of favour enjoyed by all the divinatory arts, and partly with the level of social tension."

Chapter 9 by Charles Webster, "Alchemical and Paracelsian Medicine," discusses the rich harvest of alchemical medicine, which in the earlier phases was largely devoted to study of the "philosopher's stone" as well as to searching for ways of transmuting base metals into gold. By the 16th century, however, the principal focus of alchemy had come to be drug and chemical compounding for the treatment of disease. There is a detailed discussion of Paracelsus (Theophrastus Bombastus von Hohenheim) throughout the latter part of the chapter. This is the second chapter (in addition to chapter 5 on practitioners) which in my

opinion gives the feeling for the period and of earlier and subsequent periods, and which I would recommend that interested persons should read, possibly skipping some of the other parts. Page 330 has the following summation: "By 1585, then, the works of Paracelsus and his followers were widely disseminated and actively studied by both laymen and medical practitioners. Practical chemistry was a popular pursuit. In this context it is not surprising that Paracelsianism made a major impact on the vernacular medical literature produced in the last quarter of the 16th century.

Chapter 10 by Jerome J. Bylebyl is entitled "The School of Padua: Humanistic Medicine in the 16th Century." This chapter discusses primarily Italian medical education and points out that the strength of Italian medical education was not in the lectures but in the system of practical instruction in the hospitals, which apparently only the Italian schools had during that period. The emphasis is on Padua (near Venice) and on Bologna. Many foreign students came to the Italian schools not for the lectures but for the practical demonstrations which frequently were given by very astute clinicians.

It is really on this note of a background to modern medical education that the major part of the volume ends. This chapter 10 would be the third I would recommend that one read, along with chapters 5 and 9. I think these would very well, in a shorter length, give the flavor of the whole book.

The last chapter is a short biography and discussion of the contributions of Sanford Vincent Larkey (1898-1969) to whom the volume is dedicated. A major figure in medical history, he stimulated continuing work on the history of medicine and its major effects on and in our time.

All in all, the book is interesting. While parts of it are somewhat weighted down with statistics, it has much relevant comment on life in the 16th century. Perhaps it is well to close a review of a work on the history of medicine with the paraphrased thought that one real reason for paying attention to history is that "those who do not know history are condemned to repeat it." I find this chronicle of a period of medical history humanly interesting and worthwhile on its own grounds, and recommend it to the medical bibliophile.

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Genetic Counseling: Facts, Values, and Norms

Alexander M. Capron et al., Editors

Alan R. Liss, Publisher, 150-5th Ave., New York, N.Y. 10011, 1979, xii + 344 pp.

Capron et al. have assembled a series of articles exploring the historical roots, the theoretical underpinnings, the practical organization, and the moral, social and legal implications of genetic counseling. Their aim is to present an interdisciplinary analysis of an example of applied science. Such an enterprise, they claim, requires 1) "accurate data upon which to reflect" (p. 1); 2) "tested and well wrought techniques of argument" from normative disciplines (p. 1); and 3) "shared and counterpoised reasonings of scientists and humanists" (p. 1).