# Books / Bücher / Livres / Libri

## Essay reviews

Erwin H. Ackerknecht, *Geschichte der Medizin.* 7., überarbeitete und ergänzte Aufl. von Axel Hinrich Murken. Stuttgart, F. Enke, 1992. 3 Bl., 214 S. Illustr. (Enke Reihe zur A0 [Ä]). DM 24,80. ISBN 3-432-80037-1.

Ackerknecht, ein Meister der Medizingeschichte, 1988 verstorben (nicht 1989, wie man auf S. 1 des neuen Buches liest), hat vor seinem Tode den Aachener Medizinhistoriker Murken für die Weiterführung seiner bekannten Geschichte der Medizin ausersehen. Murken hat den ganzen Text revidiert, oft ergänzt und ihm zwei neue Kapitel angefügt: «Von der Anthropologie zur Rassenhygiene des Nationalsozialistischen Regimes» (Kap. 20) und «Die Entwicklung der Medizin seit den fünfziger Jahren (Kap. 21). An erster Stelle steht in diesem Schlusskapitel der Ausbau universitärer Grosskrankenhäuser, besonders desjenigen von Aachen. Leider ist Ackerknechts Überblick über «Die Medizin in den Vereinigten Staaten vor 1900» (Anhang II der letzten Auflagen) gestrichen worden. Auch sonst hat Murken das Buch etwas mehr auf deutsche Ereignisse ausgerichtet. Die Liste der medizinischen Nobelpreisträger ist jetzt bis 1990 nachgeführt. Während Ackerknecht seine Literaturhinweise thematisch gruppierte und mit charakterisierenden Bemerkungen versah, ordnet Murken seine Sekundärliteratur rein alphabetisch an; die Primärquellen hat er in den Text eingegliedert, so dass der Leser gleich im richtigen Moment darauf stösst. Das vom Sachregister jetzt getrennte Personenregister enthält auch die Lebensdaten.

Um so leichter hätte Murken darauf verzichten können, Ackerknechts (und seinen) Text durch allzu häufige Nennung dieser Daten und der Vornamen sowie weiterer Details zu beschweren. Ein Beispiel für die stilistische Auswirkung solcher Informationshäufung: Über Pierre Brissot in Paris, der sich zu Beginn des 16. Jahrhunderts gegen die arabische Methode des Aderlassens auflehnte, berichtete Ackerknecht:

«Brissot wurde deswegen für einen schlimmeren Ketzer gehalten als Luther und starb im Exil.»

Dagegen Murken (S. 68):

«Brissot wurde deswegen für einen schlimmeren Ketzer gehalten als der geniale Kirchenreformator Martin Luther (1483–1546) und starb im Exil» – und die Pointe ist weg.

Manche Ergänzungen Murkens zu Ackerknechts Text sind an sich zu begrüssen, etwa das stärkere Eingehen auf Werlhof, Hufeland und den englischen Sozialreformer Chadwick sowie auf die Spitalgeschichte, Murkens vorrangiges Studiengebiet. Eine gute zusätzliche Information ist auch die Erwähnung der drei Paracelsischen Prinzipien Schwefel, Quecksilber und Salz – Sulphur, Mercurius, Sal (aber doch nicht «Sol» – S. 74). Fragwürdig ist dagegen die Behauptung, die Hexenverfolgungen hätten sich insbesondere gegen «die weisen Hebammen» gerichtet (S. 66). Murken unterstützt damit die modische These von der absichtlichen «Vernichtung der weisen Frauen», die historisch auf tönernen Füssen steht (vgl. z. B. Robert Jütte in: *Medizinhistorisches Journal* 24, 1989, S. 214–231).

A propos Paracelsus: Ackerknecht hatte ihn in der ihm eigenen, kraftvollen Ausdrucksweise als Sohn seiner Zeit so charakterisiert:

«Paracelsus ist ein Beispiel der heftigen und verworrenen Aspirationen des gemeinen Mannes im frühen 16. Jahrhundert.»

Gibt es an diesem Satz etwas zu ändern? Murken ersetzt die «Aspirationen» durch den «Lebensweg» und den «gemeinen Mann» durch den «aus dem Volke stammenden Mann» (S. 73)...

An andern Stellen verändert Murken Sinn und Inhalt von Ackerknechts Aussagen. So schrieb dieser gründliche Kenner der Ethnomedizin, dass die Primitiven ihre Heilmittel «*nicht* auf Grund einer empirischen Prüfung ihrer Wirksamkeit, sondern *allein* nach ihrer Zauberkraft auswählen.» Murken schwächt ab: das eine «*weniger*» – das andere «*mehr*» (S. 16). – Ackerknecht erklärte positiv, dass Pinel 1794 im Hospice de Bicêtre seine geistesgestörten Patienten von ihren Ketten befreite und dass er menschliche Methoden in die Asyle brachte. Murken geht wohl etwas zu weit in der Skepsis, wenn er lediglich festhält, dass Pinel dies getan haben *soll* (S. 98, 148). «Der englische Quäker William Tuke», so schrieb Ackerknecht weiter, «gründete 1796 auf der Grundlage ähnlicher humaner Prinzipien in York eine Anstalt für Geisteskranke.» Murken ersetzt den «Quäker» durch einen «Arzt» – was dieser Tuke gar nicht war – und verlegt sein Asyl über den Ozean nach *New* York. – Über Virchow, dessen Biographie wir ja ihm verdanken, sagte Ackerknecht klipp und klar:

«Seine Teilnahme an der Revolution von 1848 kostete ihn seine Berliner Stellung.»

Murken relativiert auch diesen Sachverhalt und spricht nur von «grossen Einschränkungen», die Virchow auferlegt wurden (S. 117).

Weitere Neuerungen sind die reiche, schwarz-weisse Bebilderung des Buches, die Unterteilung der Kapitel und die Hervorhebung wichtiger Begriffe durch Fettdruck. Durch eine kleinere Schriftgrösse und zweispaltigen Satzspiegel konnte der vermehrte Inhalt auf weniger Seiten untergebracht werden. Damit wird der Kompendien-Charakter des Buches stärker betont.

So bleibt dem Rezensenten ein zwiespältiger Eindruck. Diese Neuausgabe ist gewiss nicht einfach Murkens Buch, aber sie ist auch nicht mehr Ackerknechts authentisches Werk: Substanz und Form des «kleinen Akkerknecht» erscheinen allzu stark erodiert. Wäre es nicht besser gewesen, Ackerknechts Text unverändert neu erscheinen zu lassen?

*Huldrych M. Koelbing*

Michael R. McVaugh and Nancy G. Siraisi (eds.), *Renaissance medical learning: evolution and tradition*. Philadelphia, Dept. of History and Sociology of Science, Univ. of Pennsylvania, 1991. 244 S. (OSIRIS, A research journal devoted to the History of Science and its cultural influences. Second series, vol. 6/1990). ISBN 0-934235-17-1; ISSN 0369-7827.

This latest volume of *OSIRIS*, happily *redivivus* since 1985, follows the pattern of other volumes in its second series by being devoted to a single topic in the history of science. Under the rubric "Renaissance Medical Learning: Evolution and Tradition", Michael McVaugh and Nancy Siraisi have brought together nine essays spanning a period from the twelfth to the late sixteenth centuries, their authors hailing from America, England, France, Spain, Israel, and Germany. The essays are detailed and well-documented, indeed the footnotes constitute a good working bibliography of modern studies. The quality of the contributions is high, and the editors are to be congratulated in putting together a well-balanced volume.

The topic of medical learning raises such issues as the transmission of knowledge through written texts, manuscript and printed; the need for editions, commentaries, lexica; the formation of a canon of knowledge; the role of teacher and pupil; the institutionalization of learning; and the link between book-learning and its practical application, *scientia* as against *practica*.

Jerome J. Bylebyl ("The Medical Meaning of Physics": pp. 16–41) begins with the history of the term *physica*, originally applied to natural philoso-

phy, but which, during the twelfth century, gradually displaced *medicina* as the designation of medical learning (but not practice). This terminological and conceptual change enabled medicine to be associated to *scientia*, that Aristotelian notion of theoretical philosophy which could attain truth or certain knowledge, as against the practical disciplines (ethics, rhetoric) which merely offered guidance for the general conduct of life. As so often when this dichotomy has been applied, the lower category becomes disvalued, as when Isidore of Seville rejected exponents of empiricism as being by definition ignorant of causal reasoning. Bylebyl concludes his learned and solidly documented study with the claim that John of Salisbury demonstrates a "well-integrated notion of *physica*", despite some tensions. However, I felt here and in other places throughout this volume that modern historiographical skills can impose a unity or coherence on the material studied which gives a slightly flattering impression, deriving rather from the mind and method of the historian. Also, some of the contributors tend to attribute more significance to their subject-matter than it deserves, as if to avoid acknowledging that they had been studying something of limited interest. (But at least we have no disciples of Foucault here, reducing history to ruptures, and language to an oppressive but anonymous power-system.)

Mark D. Jordan ("The Construction of a Philosophical Medicine: Exegesis and Argument in Salernitan Teaching of the Soul": pp. 42–61) also attributes a positive value to his topic, claiming to detect "Salernitan advances in the teaching of theoretical medicine". But what his essay shows, rather, is the application within that pedagogical tradition of ever more detailed taxonomies, such as that by Johannitius on the powers and operations of the soul and spirits, and an increasing consolidation of the commentary tradition, as interpretations from the school of Salerno were taken over and extended by the school of Chartres. The Salernitans used a form of disputation, common to much medieval writing, and Jordan defends it from the charge of being an "unthinking rehearsal of the letter". Yet it remains unclear, at the end of his learned essay, in what sense the Salernitan school constituted an "advance". As Jordan records, Salernitan pedagogy failed under the impact of the Aristotelian *libri naturales* and Avicenna's *Canon*, and I suppose this means that those systems were not only larger and well-organized, but that their content was felt to have more relation to the observed phenomena of man and nature. Jordan displays some awkwardness on the issue of what the Salernitan medical terms actually refer to, remarking in a footnote to the discussion of Johannitius on the soul that he has kept

"at a minimum assumptions about the observed phenomena being named". – But this begs the question as to whether anything has been observed!

Jordan's essay was focussed on the canon of medical textbooks at the school of Salerno known as the *articella* (or *ars medicina*), a fusion of Hippocratic, Arabic, and Byzantine traditions. Michael McVaugh's essay ("The Nature and Limits of Medical Certitude at Early Fourteenth-Century Montpellier": pp. 62–84) takes its history on into the thirteenth century, that important period of transition for learned medicine, when it integrated itself into the curriculum of the newly founded universities. Newer texts became available, especially Galen and his Arabic expositors, notably Avicenna's *Canon*, a systematic digest of Galenic medicine. McVaugh concentrates on the Montpellier physician Arnau de Vilanova, whose *De intentione medicorum* attempted to incorporate Galen into the Aristotelian framework of the university curriculum. Text-based medicine, this essay shows, is at the mercy of the interpreter, for Arnau's "idiosyncratic interpretation of Galen" presented him as attacking the pursuit of medical theory for its own sake, whereas Galen had stressed "the importance of reasoning from solid foundations". Later Galenists, such as Taddeo Alderotti and Pietro d'Abano, gave the title of a *scientia intellectualis* to both medical *theoria* and *practica*, a much healthier attitude, one feels. McVaugh's wide knowledge of this literature enables him to point to borrowings from Avicenna in texts which never mention his name, or indeed explicitly attack him.

Whatever we may feel about the scholarly scrupulousness of university medical writers, there is no doubt that by proclaiming their discipline a *scientia* they established its intellectual prestige and their own social superiority to those physicians outside the universities. This success-story is illuminated from the obverse side, so to speak, in a notably clear and well-organized essay by Luis García-Ballester, Lola Ferre, and Eduard Feliu ("Jewish Appreciation of Fourteenth-Century Scholastic Medicine": pp. 85–117). This traces the surprising reversal in the intellectual status of Jewish physicians, highly respected in the early Middle Ages for being able to draw on the Greco-Arabic scholarly tradition. As the Latin-based system grew, with the *studium generale* becoming institutionalized, the medical faculties became centres of learning, prestige and power, from which non-Christians were excluded. Although the university curriculum was Galenic, mediated through Arabic channels and thus easily available to Jewish scholars, their gradual loss of Arabic, the dominance of Latin as the language of learning, the proliferation of Latin texts, and the spread of the scholastic method (the

*lectio* which considered specific problems or *quaestiones,* leading to a *disputatio* along formal lines), all these factors meant that disadvantaged Jewish would-be doctors without Latin had to rely on translations into Hebrew. This essay presents the prefaces of five such translations between 1306 and 1379, where the translators outline the causes which have made their work necessary, documents not without a certain pathos.

The scholastic system was certainly successful, as the history of medieval thought shows, but could it deal with innovation? In another notably well-constructed essay, Chiara Crisciani considers "History, Novelty and Progress in Scholastic medicine" (pp. 118–39). Her conclusion is that while the institutional organization of universities may have established medicine socially, the scholastic techniques used there gave only a limited place to innovation, and had problems dealing with new ideas and methods. (This verdict justifies those Renaissance writers, such as Francis Bacon, who criticized scholastic method as rigid, self-perpetuating.) The practical side of medicine saw some development, but what she describes as "the immaturity of surgery as a discipline" then is all too evident. Professor Crisciani manages to locate a sense of progress, but only "within a closed doctrinal disciplinary framework", and even detects dynamism, but one that "paradoxically did not involve radical changes". Some may feel that her argument is occasionally too subtle in detecting features that would be invisible to most other scholars, but the author writes with admirable clarity and learning.

Danielle Jacquart, in her essay ("Theory, Everyday Practice, and Three Fifteenth-Century Physicians": pp. 140–60), deals with a slightly later period, when medicine tended to include more description of actual cases, events, local habits. In this new opening out onto contemporary life, theoretical discussions were enlarged with *particularia* (experience of individuals) and *consilia* (descriptions of cases). Drawing inobtrusively on wide historical knowledge, the author contrasts three doctors, all university professors and court physicians, Antonio Guaineri (Pavia), Michele Savonarola, grandfather of Girolamo (Padua, Ferrara), and Jacques Despars (Cambrai, Tournai). Concentrating on their responses to two pressing medical problems, the plague and pleurisy, Professor Jacquart illuminates the explanatory schemes they used, in particular that great stand-by in difficult medical and physical problems, "occult causes". Savonarola accounted for the plague by invoking astrology, a bad "ascendant" for one individual explaining why some people would catch it and others not. Savonarola fully accepted astrology, but was rather ambivalent about magic. Guaineri invoked astro-

logy rather opportunistically, claiming that doctors could act more effectively on their patients' imagination if they humoured such beliefs, but he also endorsed magical practices (such as wearing engraved images) and alchemy. Despars, by contrast, trusted in the civil authorities to cure the plague by using quarantine and isolation (as had been done at Milan in 1399), rejected astrology as misleading, and violently attacked magic and sorcery. These well-chosen and well-illustrated individual reactions illuminate the range of appeal to natural and supernatural causes in late medieval medicine.

In Nancy Siraisi's contribution ("Giovanni Argenterio and Sixteenth-Century Medical Innovation: Between Princely Patronage and Academic Controversy": pp. 161–80) the academic world is again the focus of attention. Argenterio (1513–1572), who taught at the new Medicean university of Pisa from 1543–1555, gained notoriety among his contemporaries for daring to attack Aristotle, Hippocrates, and Galen. His critique represents another turning-point in medical history, as the lessons of the Greeks, now absorbed after a hundred years of printed texts and commentaries, needed to be qualified by a direct investigation of nature. To attack the ancients' authority became a stock topic in the sixteenth century (Ramus, Bacon), but Argenterio went further than most others by rejecting both the scholastic disputation and the humanist commentary, denouncing the humanists as "grammarians rather than physicians" because of their attention to the text. He also made the appropriate gestures towards current lacunae in medicine (ignorance of "the history of herbs and plants"), and held up the recent advances in anatomy (two years after Vesalius' *Fabrica*) as "both a model and a justification" for new research in other areas of medicine. After the impressive and forward-looking polemic, however, Professor Siraisi's examination of Argenterio's own writing shows that he was still highly dependent on Galen, and not actually radical in his other theories. Indeed, reading her account of his denial of both titles, *scientia* and *ars*, to medicine, I felt he was really a spoiler, an adversarial and opportunistic writer ready to call anything in question, but having no genuine alternative to offer.

Argenterio at least pointed the way medicine was going. Richard Durling's essay ("Girolamo Mercuriale's *De modo studendi*": pp. 181–95) studies a much more conservative doctor. Mercuriale, who had taught at Padua, Bologna, and Pisa, gave a lecture on medical study in 1570 which mentions neither anatomy nor botany, despite the furore created by Vesalius, and despite the fact that botanical gardens had been opened at the Universities of Pisa and Padua in the 1540s. Mercuriale was a conscientious teacher who

dissuaded his students from using epitomes (another attitude shared by Francis Bacon), and revealed his humanist inheritance by urging them to read "the poets and historians" for information on medical matters, and to keep a commonplace book to record their reading. Professor Durling shows that he is no mean humanist himself by adding an edition of Mercuriale's lecture, properly collating manuscript and printed texts, with a helpful translation and notes. Since he announces a plan to do further work on this "genre of propaedeutic literature aimed at medical students", I would urge him to look at the medieval *accessus ad auctores* tradition as representing an ancient rhetorical topos much reworked in the Renaissance. This short lecture has several unnoted similarities with the pseudo-Ciceronian *Rhetorica ad Herennium,* as well as explicit references to the rhetoric-books of Aristotle and Quintilian.

Finally, Vivian Nutton reviews "The Reception of Fracastoro's Theory of Contagion: The Seed That Fell among Thorns?" (pp. 196–234). This extremely learned contextual and historical study recalls the rival Renaissance theories about epidemics, such as the plague, the traditional view deriving them from *miasma* or bad air, the more modern opinion proposing a germ theory. He then summarizes the argument of Fracastoro's *De Contagione* (1546), before tracing its reception in great detail. By the 1570s, he shows, "Fracastoro's ideas were part of the common currency of Europe". Yet, ironically perhaps, Fracastoro's intention "was not to separate himself from the mainstream Galenic tradition but to carry out more deeply the investigations already begun by others". That point, proving the truth of Thomas Kuhn's argument (in *The Essential Tension,* 1977), that scientific innovations more often take place by constructive criticism of a tradition than wholesale rejection of it, is a fitting conclusion to this collection analysing the slow and extended Renaissance of medicine.

One wider issue that needs to be noted, cropping up as it does in so many of these contributions, is the importance of language within early medicine, and science in general. (There is no entry for 'language' in the otherwise very full index.) Since most medical knowledge was text-based, it was peculiarly dependent on the language in which it was transmitted, whether original or translated, and particularly vulnerable to expressions that were unclear or ambiguous. Michael McVaugh shows that one of the great obstacles to the absorption of medicine into the thirteenth-century university curriculum, apart from the complexity of the material, was "Galen's repetitive, opinio-

nated, often rambling language (not improved by passage from Greek through Syriac and Arabic to Latin)..." (p. 63). One hates to think what metamorphoses the subject-matter may have undergone in this process. Hebrew versions of medical texts, another essay tells us, "suffered from the compounding of error and obscurity inevitable in the two-stage translation" in the earlier period, from Latin into a Romance vernacular (Catalan or Provençal), and from thence to Hebrew (pp. 89–90). For this reason a more critical group of scholars preferred to translate into Hebrew "direct" from the Latin (itself, of course, often the third stage of transmission). One can easily imagine the great improvement when, in the 1320s, new translations of Galen into Latin were made from the Greek text (p. 84), or even more when the medical humanists began to recover and print the original texts, accompanied by Latin or vernacular translations (p. 182).

Errors and variations in translation had a particularly damaging effect on basic scientific terminology. As Danielle Jacquart points out, "The proliferation of synonyms was a major difficulty in fifteenth-century medicine, since the authors based their knowledge on translations made, at different times and in different regions, from Greek, Arabic, or Hebrew". These varied channels produced a total "terminological confusion" (p. 143), amounting to an "anarchical" chaos in medical vocabulary (p. 160). Yet, as she shows, while physicians such as Despars criticized the resulting discrepancies, they still followed the practice recommended by Isidore of Seville (early seventh century) of trying to discover the true meaning of a word by recreating its etymology. For a later physician such as Mercuriale (pp. 182–183) students could be referred to one of the new lexica, e.g., Henri Estienne's *Dictionarium medicum* (Geneva, 1564), or Joannes Gorraeus' *Definitionum medicarum libri XXIII* (Paris, 1564). In this area the humanists' philological training was valuable: Argenterio could use it to criticize "the ambiguity and inconsistency of Galen's definitions" (p. 169), showing how much he owed to the discipline he attacked.

If language is fundamental to all text-based medicine, it continued to be crucial when doctors moved out to the *res medica*. In pharmacology between the thirteenth and fourteenth centuries, as Chiara Crisciani well observes, ancient texts were "scarcely usable. [...] Besides terminological difficulties—more troubling and dangerous here than in any other subject areas", so many authors in different countries and ages had written on pharmacological remedies, each referring "primarily to the herbs, drugs, and measures in use in his own time and region", that it was impossible to deduce any

standardized code of ingredients or dosage (p. 135). This combination of "unrecognizable herbs and irreproducible recipes" meant that it was very risky, and possibly fatal, to apply ancient remedies to modern illnesses (p. 136). The same fundamental confusion about the identity of the substances involved, not to mention quantities and processing, can be observed in alchemy, and constitutes a major and as yet little acknowledged problem for modern historiography. (See, e. g., Brian Vickers, "The Discrepancy between *res* and *verba* in Greek Alchemy", in Z. R. W. M. von Martels (ed.), *Alchemy Revisited* [Leiden, 1990], pp. 21–33).

To these and other reflections on the nature of medical learning this collection will offer both stimulus and the critical information needed to take research further. It can be welcomed as one of the most useful recent guides to the evolution of two traditions, ancient and modern.

Brian Vickers

## Book Notes

*Cuadernos Valencianos de Historia de la Medicina y de la Ciencia.* Valencia, Instituto de Estudios Documentales e Históricos sobre la Ciencia, Universidad de Valencia.

XXX: Bibliographia Medica Hispanica, 1475–1950. Vol. I: Libros y Folletos, 1475–1600. 1987. (Serie C).

XXXI: Bibliographia Chemica Hispanica, 1482–1950. Vol. II: Libros y Folletos, 1801–1900. 1987. (Serie C).

XXXII: Bibliographia Medica Hispanica, 1475–1950. Vol. II: Libros y Folletos, 1601–1700. 1989. (Serie C).

XXXIII: Bibliographia Medica Hispanica, 1475–1950. Vol. VIII: Revistas, 1736–1950. 1990. (Serie C).

XXXIV: Bibliographia Astronomica et Geodaetica Hispanica, 1795–1905. Vol. I: Introducción, Inventario A–Z. 1990. (Serie C).

XXXV: Bibliographia Medica Hispanica, 1475–1950. Vol. IV: Libros y Folletos, 1801–1850. 1991. (Serie C).

XXXVI: Bibliographia Medica Hispanica, 1475–1950. Vol. IX: Bibliometria de las revistas, 1736–1950. 1991. (Serie C).

XXXVII: José María López Piñero, El Códice Pomar (ca. 1590), el interés de Felipe II por la Historia Natural y la Expedición Hernández a América. 1991. (Serie A).

Ralf Vollmuth, *Die sanitätsdienstliche Versorgung in den Landsknechtsheeren des ausgehenden Mittelalters und der frühen Neuzeit.* Probleme und Lösungsansätze. Würzburg, Königshausen & Neumann, 1991. 313 S. Abb. (Würzburger medizinhistorische Forschungen, Band 51). DM 65,–. ISBN 3-88479-800-6.

Bruce R. Wheaton, *Inventory of Sources for History of Twentieth-Century Physics*: Report and microfiche index to 700000 letters. Stuttgart, GNT-Verlag, 1992. US$ 599.–. ISBN 3-928186-09-4.

This unique reference source provides detailed information on almost three-quarters of a million letters scattered in 2000 archival collections in 35 countries. Rather than being listed by collection, references to letters are ordered by the name of the physicist and the name of his or her correspondent. We identify in full the collection and repository for each exchange of letters. Correspondence exchanged between physicists is listed under both physicist names and is thus fully cross-referenced.

National Library of Medicine, *Bibliography of the History of Medicine, No. 27–1991.* Bethesda, National Library of Medicine, 1992. 1 Bl., IX, 362 S. $ 19.– (USA); $ 23.75 (elsewhere). Order no. 017-052-00304-6. NIH Publication No. 92–315. ISBN 0-16-038049-9.

The *Bibliography of the History of Medicine* focuses on the history of medicine and its related sciences, professions, and institutions. The general history and philosophy of science have been admitted only sparingly. Journal articles, monographs, and analytical entries for symposia, congresses, and similar composite publications, as well as historical chapters in general monographs, are included.

Saul Jarcho, *Tractatus Simplex de Cortice Peruuiano = A Plain Treatise on the Peruvian Bark* ("The Stanitz Manuscript"): a late seventeenth or early eighteenth century anonymous manuscript account of the Jesuits' bark published in its original Latin text with a translation, introduction, and notes by Saul Jarcho. Boston, The Francis A. Countway Library of Medicine, 1992. VII, 116 S. $ 19.95. ISBN 0-88135-176-8.

*Journal of Medical Biography*. Editor J. M. H. Mol. London, Royal Society of Medicine, 1993 ff. £ 45.– (institution), £ 35.– (individual). ISSN 0967-7720.

Eine neue medizinhistorische Zeitschrift, die nicht nur trockene Biographien liefert, sondern diese von verschiedensten Seiten her vorstellt, meist mit Portrait. So finden sich Beiträge unter so vielversprechenden Rubriken wie: physicians, surgeons, investigators, places, truants, patients, bibliographies, iconographies, collections, moments, plaques on London houses of medico-historical interest, anniversary profile, book review. Richtig nützlich werden sich die Hefte vor allem dann erweisen, wenn sie später hoffentlich durch gute Register erschlossen sind.

*NTM Internationale Zeitschrift für Geschichte und Ethik der Naturwissenschaften, Technik und Medizin.* International Journal of History and Ethics of Natural Sciences, Technology and Medicine. Basel, Birkhäuser, ab 1993. Vierteljährlich. SFr. 72.–. ISSN 0036-6978.

NTM, von Gerhard Harig und Alexander Mette 1960 gegründet, erscheint mit dem Jahr 1993 als Neue Serie in veränderter Gestalt und neuem Konzept. Internationalität und Offenheit für unterschiedliche geistige Orientierungen in der Vielfalt historischer Themen in den Naturwissenschaften, der Technik und der Medizin – immer auch in Verbindung mit der Ideen- und Sozialgeschichte – werden für die Zukunft für NTM verpflichtend sein. NTM wird neu zweisprachig (Deutsch/Englisch) gedruckt – die Mehrzahl der Arbeiten wird jedoch vorerst noch auf deutsch erscheinen. Die Herausgeber der neuen NTM kommen aus Leipzig, Lübeck und München und arbeiten eng mit einem internationalen Gremium von Wissenschaftlern zusammen.

New Journal Announcement: *Perspectives on Science: Historical, Philosophical, Social.* Chicago, The University of Chicago Press, ab 1993. $ 35.– (individuals), $ 70.– (institutions), $ 25.– (students). ISSN 1061-6145.

The journal will be devoted to studies on the sciences that integrate historical, philosophical, and sociological perspectives. *Perspectives on Science* will publish case studies and theoretical essays of a meta-historical and meta-philosophical character. It will be published quarterly. Orders are placed through the Journals Division, The University of Chicago Press, P. O. Box 37005, Chicago, IL 60637, USA.

## Addresses of reviewers

Prof. Dr. Huldrych M. Koelbing, Gotthardstrasse 65, 8002 Zürich

Prof. Dr. Brian Vickers, Chair of English Literature, Centre for Renaissance Studies, ETH-Zentrum, Rämistrasse 101, 8092 Zürich