

variety of significant publications dedicated to the early modern history of scientific images, the editors effectively dismiss her seminal account as weak history of science. This strikes me as either a historiographical oversight or a symptom of a territorial bias toward the history of science. Inadvertently, the editors raise the fundamental question of whether it is actually possible to write a conjoined history of art and science and, if so, how to proceed. In order to foster conversation between the two disciplines, the editors would have been better advised clearly to delimit the scope of their efforts—geographically, temporally, thematically, and historiographically. There is much to savor here, though, short of a programmatic survey. May it motivate scholars from all over these purportedly “undivided territories” to remain in close dialogue.

Claudia Swan

**Robert Weston.** *Medical Consulting by Letter in France, 1665–1789.* (History of Medicine in Context.) vi + 228 pp., tables, bibl., index. Farnham, Surrey: Ashgate, 2013. £70 (cloth).

**Joël Coste.** *Les écrits de la souffrance: La consultation médicale en France (1550–1825).* 272 pp., figs., tables, bibl., index. Ceyzérieu: Champ Vallon, 2014. €20.10 (paper).

These two books, published within a year of each other, are similar in purpose, as both authors attempt to use medical letters in manuscript and printed collections to discern the extent to which medical knowledge was actually reflected in practice. Laurence Brockliss published an early article on this subject, “Consultation by Letter in Early Eighteenth-Century Paris: The Medical Practice of Etienne-François Geoffroy” (in *French Medical Culture in the Nineteenth Century*, edited by Anne La Berge and Mordechai Feingold [Rodopi, 1994], pp. 79–117).

Consultation began when a provincial physician, surgeon, patient, or patient’s entourage sent a case history to a renowned physician, often associated with the medical faculties of Montpellier or Paris, describing the illness and treatment that the patient had received and requesting a diagnosis, recommended treatment, and prognosis. Brockliss explained that the problem with using these sources was that collections of printed consultations presented only one side of the story—the consultant’s. He even speculated that the consultations might have been literary fictions to promote the consultant’s reputation until he found a cache of four hundred manuscript consultations by Etienne-François Geoffroy containing both requests and responses.

Brockliss’s hope was to examine medical practice from the patient’s point of view as well as from Geoffroy’s. This is difficult, because case histories were seldom written by patients and contained only limited information about the patients, who usually remained anonymous. Nevertheless, Geoffroy’s consultations shed a great deal of light on one physician’s medical practice in the context of potential shifts in outlook regarding patronage networks, religion, and the absolutist state. Brockliss acknowledged that his analysis of Geoffroy’s practice was a reconstruction in isolation that didn’t answer the question of whether that practice was typical. Were there sources yet unknown that might allow the writing of a series of similarly detailed portraits?

Both Robert Weston and Joël Coste aim to bring quantitative data to bear on qualitative issues, highlighting the significance of the manuscript and printed collections they have discovered. Weston’s database of printed consultations, drawn from seven Parisian and fifteen provincial archives, includes 2,500 examples by 100 or more consultants, 13 percent of whom were consulting surgeons. Heretofore, it was not known that surgeons could be consultants. Likewise, Coste has reviewed 2,003 consultations written by 122 authors and 346 memoirs concerning 2,027 patients.

Their research leads them to agree that, despite the introduction of vitalism and iatromechanics, most medical consultants adhered to the same course of treatment, based on Galen’s humoral doctrine, for nearly all illnesses. It included purgatives, bleedings, laxatives, milk, baths, and changes in diet and lifestyle as well as concoctions unique to each doctor. Weston goes more deeply into the data, disclosing that bleeding was recommended in only 50.2 percent of all cases studied, a much lower percentage than Molière, Mme. de Sévigné, and some historians have suggested. Some doctors advocated bleeding in

higher proportion than others, with Le Thieullier in Paris prescribing bleeding in 66 percent of his cases versus 23 percent by Ramel of Aubagne. Not all physicians and surgeons prescribed bleeding, nor were all patients willing to accept it.

Weston takes another opportunity to provide greater clarity through quantification when he constructs a table summarizing the treatment of epilepsy by the name of the consultant, the date of the consultation, the sex and age of the patient, and the various kinds of treatment prescribed. Coste goes further by creating nine tables that provide statistics on a wide range of matters. One table identifies the names of consultants and the dates of consultations. Another records the treatments ordered for specific diseases. A third specifies the age, sex, and social status of the patients, while a fourth delineates who (ordinary practitioner, patient, family member, or friend) wrote the memoir requesting a consultation. Coste's tables, along with a glossary of medical terms, short bio-bibliographies of major consultants, and the inclusion of twelve complete primary source consultations at the end of the text, are a valuable resource. In addition, Coste evokes the immediacy of the past by plunging into a case history at the beginning of each chapter.

The bibliographies and footnotes of each text reveal the authors' different backgrounds and perspectives. Weston, Honorary Research Fellow at the University of Western Australia, grounds *Medical Consulting by Letter in France, 1665–1789*, on the historiography produced by primarily English and American historians within the last thirty years. Coste, a rheumatologist, epidemiologist, professor of public health, and director of studies in the history of medicine at the *École Pratique des Hautes Études*, embraces a vast literature, mostly in French, of history, medicine, psychology, rhetoric, and more, repeatedly drawing on scholarship on present disorders in order to understand those in the past.

The authors disagree as to whether it is possible to ascertain the illnesses of people in the past given the fact that early modern nosology was different from ours. Weston quotes historians both pro and con on the subject and chooses to accept whatever descriptor was used at the time in any given case. Coste, in contrast, argues that it is possible to engage in retrospective diagnosis and does it himself in several instances. As a physician, he chastises historians for minimizing the biological elements of disease, basing his approach on acknowledgment of the bio-psycho-social nature of disease. When beginning a chapter on accounts of illness, Coste mentions recent work by Rita Charon on narrative medicine as a model for empathy and references recent works by eleven more writers. When analyzing illnesses, he draws on the *Classification Internationale des Maladies* (CIM-10 [World Health Organization, 1994]) and the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychological Association, 1994).

Both authors, still writing in the shadow of Michel Foucault, reject the characterization of early modern medicine as oppressive, with physicians wielding knowledge and power over their patients. Although consultants had a greater claim to knowledge, they relied on ordinary surgeons for referrals. In the context of consulting letters, the usual portrayals of doctors and surgeons at odds with each over their prerogatives recede. Indeed, ingratiating letters were sent in both directions. Ultimately, the final authority lay with the patient, who was free to follow, reject, or negotiate any regime. Because there was rarely a response from the ordinary surgeon to the consultant, the efficacy of most treatments cannot be confirmed. Outcome reporting appeared only in printed sources, and it is doubtful that negative responses would have been published.

Also missing from most consultations were prognoses. Why would this be the case if prognoses were what allowed the university-trained physician to assert authority over his competitors? Weston speculates that making predictions about life and death risked predicting God's will and was held by the Church to be a matter for God alone. In contrast, Coste notes that families sometimes requested that doctors avoid revealing the gravity of the patient's condition by resorting to doublespeak. Over the course of the eighteenth century, doctors' increased inclination to dissimulate rather than tell patients the truth could signify important changes in sensibility and in the relationships among patients, their families, and healers.

Both Weston and Coste provide us with a greater degree of information on specific diseases, treatments, and relations among doctors, surgeons, and families than we have had in one place before. One problem is that although the authors draw on a vast body of sources, they offer only a few examples, sometimes

contradictory, to make each point. How do we know which ones are representative? The amount of attention paid to hypochondria, epilepsy, and venereal diseases seems out of proportion to the number of cases recorded, even though the details are riveting. Unfortunately, a strict focus on quantitative evaluation of medical consultations allows social and cultural contexts to recede, and we are not, as Coste had hoped, quoting Marc Bloch, able to “feel the man, the human flesh,” if that applies to the patient (Coste, p. 13).

Both authors pose questions that cannot be answered on the basis of the available data. These questions include how patients experienced pain and how they approached death. Both aim to delve more deeply into patient–doctor relationships, but patients rarely wrote letters. Instead, their experience was filtered through the accounts of the ordinary surgeons or the patients’ family and friends, all of which could serve as distorting mirrors. Indeed, toward the end of *Les écrits de la souffrance* Coste declares that the problem of the relationship between doctors and patients has been badly posed, in anachronistic terms that lead researchers to historiographic impasses. Rather than seeing doctors and patients as individuals and seeking to probe their carefully guarded secrets, historians need to pay more attention to how illness was lived not by patients alone but by the networks of strong solidarity in which they were embedded.

Lindsay Wilson

**John Schuster.** *Descartes-Agonistes: Physico-mathematics, Method, Corpuscular-Mechanism, 1618–33.* (Studies in History and Philosophy, 27.) xix + 631 pp., illus., figs. Dordrecht: Springer, 2013. €180.15 (cloth).

**Mariafranca Spallanzani.** *Descartes: La règle de la raison.* 275 pp., bibl. Paris: Librairie Philosophique J. Vrin, 2015. €24 (paper).

These two books dedicated to the work and life of René Descartes should, as I will argue in this review, be read at the same time. Each of them describes a very different Descartes, but together they undoubtedly complement each other.

In *Descartes-Agonistes: Physico-mathematics, Method, and Corpuscular-Mechanism, 1618–33*, John Schuster propounds an exact genesis for Descartes’s scientific work. He does so by putting it in the context of the lively debates and discussions that led to what could be considered the first great moment of Descartes’s thinking. This was the period of the writing of *Le monde; ou, Traité de la lumière*, between 1629 and 1633.

The subsequent chapters of Schuster’s book offer, if not an original approach, then at least a new view of Descartes’s scientific activity during these years. Schuster’s approach is based on pertinent questions: “What kind of natural philosopher was the young Descartes? How did he practice? What, at various points, did he envision as his agenda? What tactics did he follow? How did he play with and on the common rules and grammar of the field? And where did he arrive by the time he had written his first system of natural philosophy?” (p. 93).

All these questions are answered in the twelve chapters of the book (Ch. 13 offers a conclusion). The two first chapters are devoted to more general thoughts on the meaning of concepts such as natural philosophy, mixed mathematics, and physico-mathematics—that is, to methods and issues that can help clarify what is commonly referred to as the scientific revolution.

In Chapters 3–12 Schuster looks back to Descartes’s early years and his encounters with Isaac Beeckman. Many pages are dedicated to the hydrostatic problems linked to Simon Stevin’s writings—problems that would prompt Descartes to deliver his own hypotheses on the vortex—and to Descartes’s absolutely remarkable research on water movement and what would later be called Torricelli’s law of fluid dynamics. Apart from hydrostatics, Schuster is right to devote some pages to the mathematical approach to falling bodies. This research occupied Descartes for years, even if the results of his efforts would not appear in his major writings.

In studying the works of Descartes, it is advisable not to confuse what he writes during his heuristic periods with what would finally belong to his completed theories; it does not refer to the same order of reasons. We can find the same situation, a few years later, with Christiaan Huygens and his mathematical