

**H C Erik Midelfort**, *Mad princes of renaissance Germany*, Charlottesville and London, University Press of Virginia, 1994, pp. xii, 204, illus., \$22.95 (0-8139-1500-7).

Madness mesmerizes, and the madness of the great and powerful cannot help but exert a magnetic pull on the historical imagination. In *Mad princes of renaissance Germany*, H C Erik Midelfort constructs a series of linked microhistories around the mental illnesses of about twenty German princes and princesses. The manifestations of their disorders ranged from the “weakness” of old duke Wilhelm the Rich of Jülich-Cleves, to the mystical strangeness of that most famous sixteenth-century melancholic, the Emperor Rudolf II, and the “mortal fury” of Rudolf’s illegitimate son, Julius Caesar, who brutally murdered a barber-surgeon’s daughter and then “flung the pieces of her flesh all around the room” (p. 141). But these are not just titillating stories. Midelfort poses here important questions about the definition of madness, about treatment, about the competing ambitions of Galenists, Paracelsians, irregular healers, and spiritual advisors, and about the deeper political perturbations produced when princes went “so mad that they needed to be controlled or set aside” (p. 23). Prudently, Midelfort does not generalize from these princely particularities, not does he foolishly labour to demonstrate a “lineage of madness” in the houses involved. Rather he mines a rich documentary lode in search of the meaning of madness in this historical context and, perhaps more fascinating, unveils the political implications of princely lunacy, for madness was “more disruptive of dynastic ambitions than either death or minority rule” (p. 45).

Midelfort’s princes lived from the late fifteenth until the mid seventeenth century. Over this period he charts several changes. Most obvious was the move from confinement or dethronement to therapy. In his earliest cases—those of the late fifteenth century—the mentally incompetent were often forcibly removed from their positions of power and frequently incarcerated. In general there were

very few efforts made to seek treatment, mainly because these rulers were not viewed as mentally ill at all. Thus their relatives and ministers felt no need to call upon experts in the guise of either doctors or exorcists. The diagnosis of possession was not applied to ruling princes in late fifteenth- and early sixteenth-century Germany.

At least by the 1560s, however, much had changed. Not only do we also begin to find mention of mad princesses (although too few in number to postulate gendered differences) but also extensive therapeutic records, as princes were “beginning to obtain serious medical attention”. While the majority of physicians who attended mad princes were Galenists, Paracelsian remedies also began to enter the picture. As mental derangement was closely associated with humoral imbalances, Paracelsians could claim that their chemical preparations would more efficiently purge a maddening “melancholy adust” (“burnt black bile”). Courts thus became one of the “major entry points” for Paracelsian medicine, although the Paracelsian invasion always provoked a “determined Galenic resistance” (p. 70). The closing decades of the sixteenth century and the beginning of the next saw the emergence of what Midelfort calls the “full-fledged melancholy prince”, whose madness was treated by regular, that is, Galenic physicians, but also by theologians, irregular healers (whom Midelfort is perhaps too quick to label “quacks”), and women. With the rise of melancholy came a “fundamental transformation of discourse” that gave Renaissance people a “powerful new set of metaphors with which to experience and describe what was wrong with their world” (p. 155). Here the case of Duke Albrecht Friedrich of Prussia illustrates well the mix of academic and irregular medicines that generated a great diversity of therapies. Councillors and family members were eclectic, but also pragmatic, in their selection of healers. When one course of action failed, they pursued another. Midelfort carefully details these cases, for which he also documents the religious and constitutional dilemmas that madness, like impotence caused.

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The major question, however, is why did the shifts occur when they did? Midelfort does not leave us guessing here. One cannot, he insists, argue that madness was becoming medicalized, or that “physicians were more knowledgeable or humane in 1600 than a century earlier”. Other, more political considerations drove the transition from confinement to care. In an age of nascent bureaucratization, as princes and their governments increasingly relied on academic learning as “a guarantor of proper procedures and of legitimacy”, physicians acquired new status (p. 150). Physicians, like jurists, were experts, and when confronted with the madness of princes, councillors turned to authorities like themselves for assistance. More provocative is Midelfort’s contention that mad princes came to be handled with more circumspection because “an increasing reverence for the state led to an increased awe for the prince’s person” (p. 151). It was the body of the prince that legitimized the states of the late sixteenth and seventeenth century, and indeed “the prince in his physical body had become essential to the structure of authority” (p. 17). Therefore, he or she could no longer be forcibly replaced or silently hidden away. This interpretation is very credible, although Midelfort might well have spent more time discussing the rise of these new “body politics”.

Midelfort’s learning, good historical sense, and theoretical restraint shape the book. Justifiably wary of sweeping generalizations, he shrewdly picks and chooses among the explanatory schemes advanced by Michel Foucault and Norbert Elias, accepting parts while remaining sceptical of their overall validity. He avoids impetuously concluding that the sixteenth century was a “world gone mad”, and equally eschews the “seductions of genealogy” by pointing out that it would be rash to infer that the house of Braunschweig, for example, was “unusually subject to madness *because of the lines of inheritance*” (p. 159). Twenty cases cannot tell us much about how the populace perceived insanity, or how it was treated, or whether princes were madder than paupers. Midelfort’s scholarly reserve, his refusal to leap wildly beyond the sources, and his smooth yet vigorous prose, have

produced a lovely little book that sweetly combines the virtues of historical imagination and solid research.

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**Troels Kardel** (ed.), *Steno on muscles*, Transactions of the American Philosophical Society, vol. 84, pt 1, Philadelphia, American Philosophical Society, 1994, pp. xii, 252, illus., \$25.00 (0-87169-841-2).

This volume contains facsimile reprints and the first English translations of Niels Stensen’s *Nova musculorum & cordis fabrica* (1663) and *Elementorum myologiae specimen* (1667). The first text, framed as a letter to Thomas Bartholin, includes a brief report of Stensen’s early observations on muscle structure. The second text, Stensen’s major work on skeletal muscle, details his geometrical theory of muscle structure and function in forty-four definitions, five suppositions, six lemmas and a main theorem. In essence, if muscle comprises one or more parallelepipeds of fleshy fibres, obliquely angled between their tendinous extensions, then the swelling apparent on contraction can be accounted for by the parallelepiped increasing in one dimension only, namely that which corresponds to the thickness of the muscle. There is no change in volume, and Stensen declines to offer any opinion as to how the fleshy fibres shorten.

In a comprehensive and well-organized introduction, Troels Kardel explains Stensen’s new muscle structure, details the reception, rejection and subsequent neglect of his theory and argues for its vindication in the light of post-1980 studies including computer modelling of muscle activity. Much of this introductory material can be found in one of Kardel’s earlier papers, ‘Niel’s Stensen’s geometrical theory of muscle contraction (1667): a reappraisal’ (*J. Biomechanics*, 1990, 23: 953–65), but he has taken the opportunity to add appropriate detail and to expand on Stensen’s predecessors and contemporaries.