The relevance of scholastic medicine and its impact, at all levels, on western European societies during the late Middle Ages and the Renaissance has only very recently begun to be evaluated in its true dimensions. This volume shows us that scholastic medicine was a live, dynamic, and realistic intellectual tradition, not a dead, statical, abstruse, and unrealistic one, as it has so often been presented. So, I would have preferred it if, starting with the title of the volume, the editors had been less reluctant to accept the most obvious name for its central topic, i.e. "scholastic medicine", and to use the term "medieval medicine". Instead, they have opted for calling the subject "Renaissance medical learning" or a "long Renaissance of medical learning" covering over four centuries. Although, no doubt, this phrase has a much wider appeal than either of the other two, I think that it could be highly misleading because the meaning of the word "Renaissance" has become more and more uncertain through trite usage.

Jon Arrizabalaga, Consejo Superior de Investigaciones Científicas, Barcelona

ALEX MERCER, *Disease, mortality and population in transition: epidemiological-demographic change in England since the eighteenth century as part of a global phenomenon*, Leicester University Press, 1990, pp. xiv, 262, £45.00 (0–7185–1344–4).

For the last thirty years, interpretation of long-term changes in European mortality have been under the shadow of Thomas McKeown. McKeown's assessment of the impact of changes in mortality from different diseases by estimating their share of the overall reduction in the age-standardised national death rate, has remained relatively unscathed until recently. His interpretation, playing down the medical contribution and stressing improved nutrition, has proved more controversial but still remains near the heart of most debates. Alex Mercer's new survey offers a substitute stalking-horse, providing a generally readable and balanced discussion of mortality change in England since the sixteenth century, taking account of recent historical demography and also of important developments in the theories of disease transmission and impact.

Mercer's approach differs from McKeown's in a number of ways. Using recent work on disease transmission in the Third World as well as historical data unavailable to McKeown, he continues the demolition of the latter's emphasis on living standards and nutrition. Using contemporary English and modern Third World data, he gives support to recent suggestions of a link between declining fertility and reduced infant and child mortality. He lays less emphasis than McKeown on shares of the reduction in national age-standardised mortality attributable to particular disease categories, stressing instead changes over time in age and birth-cohort patterns. He is more cautious about the validity and reliability of long term comparisons in death-by-disease categories, not just because of problems of consistent diagnosis and classification (on which he offers new insights particularly for the eighteenth century) but also because modern theories of disease transmission lay much greater stress on the interrelationship between different conditions (for example the effects of measles on subsequent pulmonary conditions) and on possible long-term effects of the changing "total infectious disease environment".

The difference between Mercer's and McKeown's approaches can be illustrated by two examples. Firstly, Mercer argues persuasively that immunisation against smallpox was at the heart of a major fall in overall death rates in the years around 1800, not just because deaths attributed to smallpox declined markedly but also because of reduced mortality classified as "convulsions" (a recognised symptom of smallpox in infants, who often show no rash). Furthermore, through its impact on nutrient take-up and on susceptibility to a range of other diseases including tuberculosis, reduced smallpox would also have cut mortality from a range of other diseases. Secondly, by grounding his discussion of changes in mortality from non-communicable diseases in the changing patterns of mortality by age and birth cohort, Mercer charts long-term trends in circulatory disease which show peaks in the late nineteenth century as well as after World War Two. A similar analysis shows mortality from all cancers as peaking among women born in the mid-nineteenth century. These findings lead into a

https://doi.org/10.1017/S0025727300055460 Published online by Cambridge University Press

fascinating interpretation involving possible long-term effects of micro-organisms on the workings of the immune system and on the body's ability to repair minor damage. While some demographers will find this analysis speculative and threatening in its challenges to statistically precise patterns of trend and causation, most will recognise a fundamental challenge to the validity of any disease-by-disease approach and an encouragement to treat statistics as only a starting point in our attempts to understand the long-term impact and processes of disease.

This book has weaknesses, notably the repetitiveness of some of the argument and Mercer's reluctance to give credence to inconvenient findings on fertility in England in the pre-registration period. And there is too little about "global phenomena". In general, however, this is a synthesis to be recommended to any medical historian looking for a concise survey of long-term trends in disease, informed by recent experience in the developing world and by modern theories of disease transmission.

Michael Anderson, University of Edinburgh

JACK D. ELLIS, *The physician-legislators of France: medicine and politics in the early Third Republic, 1870–1914*, Cambridge History of Medicine, Cambridge University Press, 1990, 8vo, pp. xii, 305, £35.00, $49.50.

As the title of this book suggests, its focus is more on legislators who happened to be physicians than on physicians who happened to be legislators. Despite the political focus, there is much to recommend it to historians of medicine. The author's basic goal is to examine the often noted but little studied high proportion of physicians in the parliaments of the French Third Republic. The fact is easily demonstrated. Doctors accounted for 10–12 per cent of legislators during most of the period, fewer than the 30–40 per cent who were lawyers but greater than any other profession and far greater than their medical counterparts in other countries such as Britain, Germany or the U.S. where the number of physician-legislators at any given time could be counted on the fingers of two hands.

The explanation and consequences of this fact comprise the body of the book which is essentially a collective biography of the 358 physicians (defined as those with a doctorate in medicine) who won election to the French National Assembly or Senate from 1871 to 1914. The core of the study is based on a computer analysis of variables describing personal background, medical and parliamentary careers culled from archival and published sources. This is a pretty straight-forward methodology, but it is in the presentation of his findings that the author shows a distinct knack for striking the right combination of statistical, analytical and anecdotal information so that the reader is not overwhelmed with numbers or too mired down in trivial detail.

The first part of the book analyses the background and medical practices of the group at the local level in order to answer the question why so many decided on political careers. The best clues are the high percentage with origins in rural and small-town France (65 per cent from places with less than 6,000 inhabitants) who returned to establish their practice of medicine (63 per cent set up practice in places with less than 20,000 inhabitants) after their training in Paris (80 per cent). These university-educated doctors who came from the region and whose occupation brought them into contact with large numbers of common people, became natural leaders in a politically underdeveloped rural France that in 1871 abruptly established a system of universal male suffrage. Referring to the political setting of the doctors' medical practice, Ellis notes, "few could resist being pulled into the whirlpool they created" (p. 83). The author is reluctant to draw such overreaching conclusions, however, preferring instead to present a more systematic analysis of such variables as father's occupation, region of origin, medical training and practice, as well as political campaign platforms. The rich detail of how the practice of medicine became political (47 per cent of the physician legislators had previously been elected mayor) is an excellent complement to the statistical description in this first part of the book.

The second part looks at the doctors' practice of politics in order to see if there was a pattern to their parliamentary careers that followed from their common medical background. Again

https://doi.org/10.1017/S0025727300055460 Published online by Cambridge University Press