

closest to an answer to this question. Domenico Bertoloni-Meli's investigation of Malpighi's *consulti*—written diagnoses supplied for distant patients, and hitherto omitted from consideration among Malpighi's correspondence—shows very elegantly how apparently small curatorial and editorial decisions can have considerable consequences for our view of a medical practitioner. Hitherto, indeed, Malpighi has scarcely been regarded as a practitioner at all, but as a theorist. This image was cultivated by Malpighi himself, who insisted on his *consulti* remaining unpublished, and has been sustained ever since by the overseers of his archive. But Meli is able to reconstruct something of his medical practice by examining the composition and structure of these fascinating documents. Reconsideration of the practices pursued by figures like Boyle and Petty seems equally possible in this light. Indeed, this interesting and valuable collection should encourage scholars to ponder the connections between scientific and archival practices in general.

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**Roger King,** *The making of the dentiste c. 1650–1760, The History of Medicine in Context*, Aldershot and Brookfield, Ashgate, 1998, pp. xii, 231, illus., £49.50 (1-84014-653-2).

Dentistry has been an unjustly ignored part of the history of medicine, studied mostly by interested amateurs. Roger King's book stands out as the first serious investigation of an important topic in the medical, social and cultural history of early modern France. He aims to correct the misconception of previous historians, influenced by images and descriptions of men who appear to perform varieties of treatments on the teeth, that a practice of

dentistry existed before the eighteenth century. King demonstrates that the surgeons who coined the term *dentiste* for themselves in the early eighteenth century described an entirely new occupation created as a result of the vast increase in surgical techniques during the previous fifty years.

King begins with an interesting section on the individuals who have often been mistaken for early dental practitioners. He focuses on the fairground life of the itinerant mountebanks and charlatans who used showmanship to draw a crowd. Most often it is the image of these men with their carnivalesque parody of the village toothdrawer which has confused historians. The purpose of the charlatan's performance was not to provide real dental treatment for his audience (the subjects of his outlandish methods of surgery were always his accomplices) but to gain the crowd's attention in the competitive atmosphere of the fair in order to sell prepared medicines of dubious quality.

Prior to 1700, most treatment on the teeth was performed by general surgeons. Without any real scientific knowledge about the teeth and mouth, most of the procedures surgeons could render at this time simply involved cleaning or extracting diseased teeth. Below the level of the general surgeon there also existed an underclass of practitioner, the *experts*, who were authorized by the surgical hierarchy to provide treatment on the teeth alone. King argues successfully that dentistry did not arise from an increased knowledge on the part of these lowly figures. He cites that the *experts*, despised by true eighteenth-century *dentistes*, were not specialists in the modern sense of the word, but basically artisanal practitioners who possessed only a limited empirical knowledge of their field.

During the reign of Louis XIV surgery was transformed into a field of endeavour with a scientific base underpinning surgical techniques. King argues that the rapid growth in the number of procedures

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available to surgeons is most clearly seen in the field of dental surgery. Scientific and technical knowledge increased so much that some surgeons began to specialize in certain fields of which dentistry was one of the first to develop. By the start of the eighteenth century it was possible for some surgeons in Paris to exist solely as dentists, the most notable example being Pierre Fauchard, author of the world's first dental text.

Perhaps the only weakness in King's otherwise splendid work is his emphasis on the involvement of the crown in the social acceptance of dentistry as a profession in the mid-eighteenth century. King contends that the ennobling of Louis XV's personal dentists in 1745 and 1767 helped to spread the practice of dentistry first to the elites in Paris and then to those of the kingdom as a whole. However, much of the evidence given by the author in the earlier chapters contradicts this line of thought. Pierre Fauchard treated nobles in Paris for aesthetic reasons in the 1710s and 1720s, long before the post of *dentiste du roi* was invented, which would suggest that the benefits of dentistry had already been accepted by polite society. Despite this, King's book makes a valuable contribution to the history of early modern medicine.

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**John Iliffe**, *East African doctors: a history of the modern profession*, African Studies series 95, Cambridge University Press, 1998, pp. xii, 336, £40.00, \$64.95 (0-521-63272-2).

Those interested in the history of tropical medicine have told us much of late about the practice and politics of western medicine overseas, usually in a colonial or military context. For instance anthropologists have discussed the interaction or lack of it between indigenous and western medicine over time, and others, including Iliffe

himself, have described the disadvantageous economic effects on the people of the third world, drawing clear lines between poverty and ill-health. *East African doctors* builds upon these approaches to present a story of western medicine, as practised during and beyond the colonial regime in Uganda, Tanzania and Kenya. The principal characters in this book are those indigenous people, at first exclusively men, who embraced the contents and delivery of western medicine and made it their own profession. Much of the theoretical content of this book is concerned with the inadequacy of the Anglo-American model of the professions for East Africa.

The early part of the book considers the three countries together, stressing similarities in the experiences of indigenous practitioners under a colonial regime but acknowledging differences such as the effect of Kenya's white farmer dominated government and economy. This arrangement is further justified by the early dominance of the medical school at Makerere, Uganda, designed to serve all three countries. Beginning with the subordinate tribal dressers, Iliffe discusses the reasons for African men seeking work as medical practitioners, the problems they faced from their own communities, from the colonial government and from the mission stations which did so much to provide medical care, albeit within a framework of late nineteenth- and early twentieth-century Christian fervour. Iliffe's discussion of the African Assistant Medical Officer opens up the historical debate on the appropriate level of education for indigenous people.

After independence, the medical practitioners of Uganda, Tanzania and Kenya are considered in separate chapters although comparisons are always made. Uganda, initially a strong African state, fell prey to Amin's tyranny, and doctors became involved in politics at the cost of their lives. Kenya placed a greater emphasis on doctors' private endeavour in a capitalist economy. Tanzania's socialist programme