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**Front Cover:** “Stair Inside Red Wall,” photograph by Ambrose Chua on Unsplash.
François Zanetti and Philip Rieder’s edited volume, based on a symposium held in Paris and Nanterre in 2011, focuses on medieval and early modern remedies/medicines and adds a rich social and material history to existing works on the period. This collection features a number of interdisciplinary case studies about various medical cultures, from the middle ages to 1800. The diversity of social and institutional settings presented hopes to pull the history of materia medica out of the limbs of the simple “prefiguration of the ‘real’ remedy” (p. 8).

The book seeks to recover the hidden rationality in patterns of use and development of early modern medication by situating remedies as the main object of study. As the book highlights, remedies played a critical part in the development of medicine, as they pertained to all three pillars of the traditional Hippocratic triangle (p. 7). Following the formal separation in the twelfth century between physicians, surgeons, and pharmacists, the authority on remedies remained hazily distributed between the three medical branches and the vernacular practices of home medicine. Here, Zanetti and Rieder offer a social, scientific, and material history of remedies explored in eleven chapters, ordered chronologically with four chapters investigating the period between the ninth and fifteenth century, three on the seventeenth, two on the eighteenth, and two which cover the wider early modern period. Although the topics are diverse, four themes stand out.

First, the book seeks to study the history of medicine on its own terms. Mireille Ausécache showcases the importance of awareness about varying conceptions of physiology that are not evident in other time periods—like differences between the understanding of the body of elites and of commoners that warranted different uses of remedies. Radu Suciu in his study of medieval melancholia describes it as caused by a disorder of the black bile. Isabelle Coquillard, in her chapter on anti-venereal remedies, also stresses the importance of properly defining historical categories like “charlatan” since the understanding of these terms were highly dependant on institutional context (p. 164). The second theme highlights indecision and conflicts relevant to empiricism and theories of remedies. An example is Mehrnaz Katouzian-Safadi and Younes Karamati’s chapter about Avicenna who, despite authoring much medical theory, claimed that empiricism was essential to the use of highly compound medicine. Mickaël Wilmart, for his part, illustrates how this tension extended to veterinary science. Some chapters display outright disagreement between practice and theory, such as Olivier Lafont’s study about criticisms of the increasing importation of Quinquina, or Cécile Floury-Buchalin’s discussion of chemical remedies and their detractors. The third theme regards the interactions between the various disciplines involved in the use and commerce of remedies. Carmel Ferragud and Carles Vela Aulesa aim to explore the practice of medical authority between legislation and social reality. This chapter is well complemented by Nahema Hanafi’s gendered study of remedies in the domestic sphere and of the dynamics of medical knowledge. The final theme explores the question of adversity and failure as an integral part of the evolution of remedy use. Here, both Suciu and Lafont’s essays touch on conflict following a medication’s lack of success. Zanetti’s piece discussing the introduction of electricity to the medical world also explores this theme, describing the work done by physicians to assess which types of ailments could be treated by electricity. Similarly, Rieder describes the effect that suspicions about poisoning by apothecaries practicing illegal prescription could have on the profession.

These rich case studies reflect the historical reality of remedies as complex and fleeting objects—sometimes controlled by medical institutions but frequently escaping them. The authors demonstrate that remedies can be fickle products with difficult-to-measure efficiency, and yet still be invaluable to those that prescribe and consume them. This collected volume provides a compelling overview of the history of remedies, even as it offers an elegant variety of socio-anthropological, economic, and historical perspectives. Given the conciseness of the work, a few of the studies occasionally lack a dimension of theoretical depth, and, given the wide chronology, perhaps a chance was missed to make
a stronger temporal argument. Overall, this collection illuminates an under-represented field of study with a well-curated selection of essays that recounts the history of medieval and early modern remedies with a most welcome and effective contribution.

—Armel Cornu, Uppsala Universitet


Eighteenth-century epicurist Jean Anthelme Brillat-Savarin is best known for his well-worn dictum “tell me what you eat, I will tell you what you are.” But alongside dispensing elegant aphorisms, Brillat-Savarin also advocated a protein-rich diet and counselled against the consumption of starch and sugars, citing their apparent link to obesity. Brillat-Savarin was a little too early to make an appearance in this largely excellent edited volume, but *Proteins, Pathologies and Politics* does explore this intersection between identities, dietary elements, and health. Introducing the volume, editors David Gentilcore and Matthew Smith frame their concerns, perhaps inevitably, by highlighting the contemporary popularity of lactose- and gluten-free diets. They balance this however by making the case that “the rise of chemical and mechanical medicine from the seventeenth century” brought about a “transition from perceiving food in terms of their qualities, based largely on sensory perceptions, to thinking about them as admixtures of chemical constituents” (p. 2).

Many of the chapters analyze the longer-term consequences of this scientific paradigm shift, but also skilfully delineate how diets and diseases have interacted with ideas about culture, race, class, or gender. In particular, Rachel Meach’s rereading of controversial British nutritionist John Yudkin’s work through a feminist lens provides a fresh perspective on his recent rediscovery by anti-sugar campaigners. Francesco Buscemi looks at how the “sin’ of eating meat” was linked to what he describes as “moral form[s] of disease” in the “three ferocious European dictatorships” (p. 137) of the Italian Regency of Fiume, Italian Fascism, and Nazism. Bryce Evans also discusses vegetarianism and constructions of the nation, this time with regard to its link to the “major public feeding schemes” that popular memories of “food rationing [have] come to obscure” (p. 125), namely, the “national kitchens” of the First World War and “British restaurants,” their Second World War successors. Clare Gordon Bettencourt builds on the work of historians such as Smith and the food writer Bee Wilson to provide a fascinating and thoughtful insight into food additives and the industrialization of America’s food supply. Others, for example Peter Scholliers’s chapter on the popularization of the idea of the “calorie” in Belgium, use quantitative methods beloved of a previous generation of food historians such as Derek Oddy, to illuminate new questions. The contributors are a pleasing mix of established and up-and-coming scholars, while the variety of topics is similarly broad, although predominantly focused on the Western world.

An underexplored aspect of the collection therefore is perhaps the ways in which colonization and globalization have affected diets in the West over the last two centuries. An exception is Agnes Arnold-Forster, who examines how susceptibility to cancer was racialized in fin-de-siècle Britain as the dietary habits of non-Western peoples were contrasted to those of the British and Irish. Arnold-Forster makes the acute observation that “a key aspect of nineteenth-century racial anthropology was that difference was not just spread spatially but temporally as well” (p. 21). In other words, British scientists tended to view other cultures as representative of earlier civilized states. As recently discussed by Martin Moore, this trope persisted into the twentieth century with the study of “diseases of affluence,” which contrasted the prevalence of conditions in the metropole—like heart disease—