In sum, Israelowich's book deftly acknowledges the types of competition between different healthcare practices in antiquity, but ends up promoting a relatively homogeneous view of what both the marketplace and consumer looked like in the High Roman Empire. Moreover, his deliberate disregard of physiological theories (less than two paragraphs are dedicated to explicating ancient sects) has the strength of directing attention to administrative factors, but it obscures how disparate medical ideas can affect patient experiences. Even this year, new studies address the patient in antiquity, including Brigitte Maire's edited volume, *"Greek" and "Roman" in Latin Medical Texts* (Leiden: Brill, 2015), and a forthcoming volume edited by Georgia Petridou and Chiara Thumiger, in which the reviewer has a contribution (*Homo Patiens: Approaches to the Patient in the Ancient World*, Leiden: Brill, 2015). These works will help expand and refine Israelowich's constructive claims and help articulate what it would have been like to fall sick in antiquity and seek care from a complex and competing network of healers.

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doi:10.1093/jhmas/jrv050

Advance Access Publication: March 8, 2016

Michael Stolberg. *Uroscopy in Early Modern Europe*. Farnham and Burlington, Ashgate, 2015. x, 196 pp., illus., £70.00 (cloth).

KEYWORDS: gender, empiricism, medical anonymity

On the first page of this fascinating book, Michael Stolberg cites Macbeth's request to the doctor of physic to "cast / The water of my land, find her disease / And purge it to a sound and pristine health" (5.3.52–54). Less momentarily, we remember Falstaff's first line in 2 *Henry IV*, "what says the doctor to my water?" (1.2.1). In moments of the greatest enormity and of the most domestic intimacy, Shakespeare cites uroscopy as a device for the determination of pathology whether that be on the scale of an entire country or the self-inflicted waning of the fat knight. The ubiquity and longevity of this diagnostic method is quite remarkable. It is, Stolberg states, "one of the most important practices in the history of Western medicine: the visual examination of the patient's urine with the naked eye" (1).

Urine and feces are the products of the body's expulsion of morbid matter and so it readily follows that this excrementitious material ought to contain the pathogens the body is eager to expel and that examination of it should reveal such pathogens. In this way, uroscopy is justified empirically and sustained by an irrefutable logic. The same might be said of coproscopy (the examination of feces) or hematoscopy (blood), but the "unpleasant and offensive" (64) nature of the former and the invasiveness of the latter made them less popular methods of diagnosis. As late as 1937, a

certain Dr. Pfeleiderer was advising “his colleagues to continue practicing traditional uroscopy alongside chemical analysis” (29).

Uroscopy had various practical advantages. It was, unlike hematoscopy, noninvasive. It was cheap and since, like Falstaff's, the sample was often carried to the uroscopist, it required neither a home-visit (more expensive) nor the movement of the possibly nonambulant patient. In fact, the profession of urine courier emerged at this time—the so-called piss messenger (79). Furthermore, since the patient was not required to be present, a degree of anonymity could be maintained, which was particularly welcome in cases where uroscopy was used to determine whether or not a woman was pregnant. According to one anonymous source of 1599, if an inspection of the urine reflected the face of the uroscopist, this was a sure sign of pregnancy (83).

But perhaps the longevity of uroscopy's persuasiveness, in a period before extensive surgery, has to do with the numinous nature of the body's interiority. Stolberg points out that “The uroscopic diagnosis was hard to falsify” (71); it fitted “seamlessly into [...] ideas about the body and its diseases” (91) and, perhaps most forcefully, “In the face of frightening and potentially fatal symptoms, uroscopy [...] inspired a sense of control” (97). In a “circular, self-fulfilling process, the daily practice of uroscopy strengthened people's belief in its significance and validity time and again” (97). Stolberg argues that there was a convincing coincidence, a reinforcing relationship between uroscopic theory and somatic practice: “it is striking how closely many of [these humoral concepts] were linked to what patients perceived as naturally given bodily experience, to their subjective sensations and perceptions, which were taken, in turn, to constantly corroborate these concepts” (94). That is, uroscopic theory and lived experience were mutually supportive.

The intensity of such support can be seen in the ease with which uro-sceptics were rebuffed. Illness often had its source in the supernatural, witchcraft, and superstition. Rational opponents of such beliefs drew attention to the mumbo-jumbo of “urine prophecy,” “uromancy” (99), and “pis-kijkers [piss gazers]” (129). But, paradoxically, such uro-sceptic terms “helped lend the practice of uroscopy an aura of mystery” (99). In this way, as Stolberg asserts so convincingly, uroscopy should be “understood in cultural–anthropological terms as a ritual” (97–98).

The book includes thirty-two full-color plates and one whole chapter is dedicated to the genre painting of the uroscopist often imaged in his study or tending to an almost universally female patient, highlighting “the importance of gender in contemporary society at large and in medicine in particular” (117). The glass flask, known as a matula, is conspicuous and Stolberg points out the visual echoes of paintings of the alchemist at work. Indeed, since the titles of these paintings are often later additions, he warns us that many of the images of alchemists may, in fact, be nothing of the sort. Stolberg points to the paraphernalia of the uroscopist's study—globes, charts, copies of learned books on botany, medicine, and anatomy. The presence of such Faustian objects is intended to “convey to the viewer that the healer is by no means an uneducated charlatan” (115).

Yet, in spite of the erudition and mystification of the uroscopist's profession, the advent of clinical medicine and especially advances in anatomy began to eclipse common belief in the efficacy of the practice: "Throughout the early modern scientific world, the balance shifted from learned commentary on extant writings to empirical research and a striving for new, original insights that were beyond the sphere of traditional book knowledge" (150). At the same time, the authority of academic medicine, grounded in the explorations of the body's interiority, challenged the folkloric supremacy of the traditional healer. The decline of uroscopy was, therefore, as much to do with competing ideas of medical control as scientific advances. Even so, "the country folk clung tenaciously to their belief in uroscopy" (154) and insofar "as many physicians continued to bend to the expectations and demands of their clients, they unintentionally helped assure the survival of this practice" (156). This, Stolberg concludes, explains the gradualness and the reluctance of the process by which uroscopy was succeeded by alternative methods of diagnosis.

As Falstaff demands, "what says the doctor to my water?" the page's response separates the urine from its donor in a way which anticipates what was to become the final triumph of the uro-sceptic: "He said, sir, the water itself was a good healthy water, but, for the party that owned it, he might have more diseases than he knew for." Stolberg's illuminating study demonstrates just how fraught and protracted the process of this separation was to be.

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doi:10.1093/jhmas/jrw002

Advance Access Publication: February 16, 2016

Melissa N. Stein. *Measuring Manhood: Race and the Science of Masculinity, 1830–1934.* Minneapolis, Minnesota, University of Minnesota Press, 2015. 354 pp., illus., \$27.00 (paper).

KEYWORDS: eugenics, ethnology, gender, homosexuality
intersectionality, racial science

It has become axiomatic within cultural studies to refer to race, gender, class, and sexuality as mutually constitutive categories of identity. For at least three decades now, historians of race and gender have been elucidating the ways in which the construction and maintenance of social hierarchies have depended upon a logic that homologizes racial, gender, and sexual difference in the service of producing a normative subject against whom all others are deemed deviant and inferior.