Klaus Bergdolt’s masterly contribution to the bibliography of health has been a long time coming, but is no less welcome for that. Readers will perhaps be startled to see warm words of praise from the late Roy Porter on the back cover, which apparently derive from a translation originally completed in 1999 when the first German edition appeared. Porter suggested that Bergdolt’s text would be “central” to the enterprise of reconstructing the history of health care, which “traditionally constituted the mainstream of medicine”.

Bibliographic work on the genre of health care regimens has been painfully slow since its first beginnings in the social history of medicine in the 1970s. This is mainly because interest in “medicine from below” quickly switched to integrated empirical local studies which made bibliographic research look old-fashioned and detached from the wider world. As a result we still have very little idea of the numbers of these health-books in circulation in different periods and places, let alone their titles, authors, editions, content and sub-genres. What Bergdolt has undertaken here for German health bibliography has yet to be done with the genre in (for example) Italy, France, Britain, the USA—or indeed Hungary, Russia, India, China or anywhere else. There is a lot of number-crunching and archive-combing waiting to be done by future research students. However Wellbeing is not that sort of quantitative bibliographic history.

Wellbeing is a traditional literary study which takes us carefully through all the major and many of the minor authors of European health history in chronological order. Bergdolt is particularly strong on the classical and Renaissance texts, and on German texts at least up to c.1900, providing a useful introduction to the vast German health archives, and to the work of modern German scholars such as Heinrich Schipperges and Gundolf Keil. Each primary source cited (roughly 600 of them) is conscientiously described and analysed, and the book is lively and well written. Moreover, Bergdolt has attempted some sort of comparative European survey. Italy is well covered, although the shorter sections on the English and French traditions are less assured. American health bibliography is not mentioned.

At least half the book covers the earliest definitions of health from the pre-Socratics to the Renaissance. It describes how “health” emerged from a combination of early Greek science and moral philosophy, and developed as a mature professional art during the Roman empire. Bergdolt illuminates the health regimen of the medieval period through deft biographical sketches of key authors from the early Islamic and Christian empires, when religion was heavily involved in promoting Galenic science. New printing techniques combined with sixteenth-century Humanism and Paracelsian doctrines created a flood of popular health literature, ranging from published self-help manuals and herbals, to individual house-books (receipt books) and detailed diaries of self-experimentation in health care. Many fascinating themes and details emerge—such as the influence of Petrarch, the history of utopias, and the history of scholarly health. These first five chapters in particular will set a benchmark in health studies.

The rest of the book deals with the long Enlightenment from the seventeenth to the nineteenth century, and grapples with the effects of Cartesian mechanics and Kantean vitalism. The relationship between religion and science is a difficult area at best, and here in the more complex modern era the underlying limitations of Bergdolt’s literary approach are exposed. The religious and scientific history of these later periods is underwritten, and (in the case of British history at least) rather ill-informed. The lack of any underlying structural analysis derived from politics, economics, demography, religion or science, means that his commentary throughout is relentlessly “linear” and repetitive. Despite all the biographical details the central concept of health is not rigorously unpacked, nor organized, to help the reader. The hygienic non-naturals, in particular, are a constant in this literature for over two thousand years. Lumping them together as “dietetics” is not enough—this notably fails to capture the changing therapeutic balances within the regimen genre. Thus there is no clear interpretation of the interlinked currents of German, English, and American Protestant health radicalism that fundamentally altered the politics of hygiene from the seventeenth century onwards. If there had been, Bergdolt would surely not have been satisfied at stopping with Nietzsche (as he does) just before the late-nineteenth- and twentieth-century hygienic Life Reform movements.

It would be unfair to criticize Bergdolt for not recognizing the Anglo-Saxon “model” of health history when one of the pleasures of this book is being introduced to the German sources, and seeing health history from the German perspective. Bergdolt has achieved an heroic internal synthesis of the health genre, loosely linked with elements of social history. But modern cultural
history it is not.