

disagree about what the community's position on a given question ought to be.

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<sup>1</sup> An excellent example of this pluralistic view can be seen in 'Abd al-Latif al-Baghdadi (d. 629/1231), who was a commentator on Aristotelian metaphysics and various medical texts, writer on mathematics and the natural sciences, historian, author of a book on diabetes, and one of the physicians of Saladin; but he was also a savant of the Islamic religious sciences and author of a "Medicine of the Prophet" book that orients a host of religiously legitimated medical dicta, peppered with examples of old medical folklore, within a completely Galenic framework. See his *Al-Tibb al-nabawi*, ed. Yusuf 'Ali Budaywi (Damascus, Dar al-fikr, 1410/1990).

<sup>2</sup> The starting point for this erroneous view is Arthur Kleinman's 'What is specific to Western medicine?', in W F Bynum and Roy Porter (eds), *Companion encyclopedia of the history of medicine* (London, Routledge, 1993), vol. 1, pp. 16–18, which is in turn based on a misunderstanding of the views expressed by the historian of Chinese medicine Paul U Unschuld in his 'Gedanken zur kognitiven Ästhetik Europas und Ostasiens', *Geschichte in Wissenschaft und Unterricht*, 1990, 12: 735–44, esp. p. 739.

**Daniel Hickey**, *Local hospitals in ancien régime France: rationalization, resistance, renewal, 1530–1789*, Montreal and London, McGill-Queen's University Press, 1997, pp. xxv, 275, illus., £28.00 (hardback 0-7735-1540-2).

Daniel Hickey's study of small hospitals turns out to be a history of the *ancien régime* in miniature. All the leading social groups and administrative bodies intervened in the debate about preserving small hospitals or transferring their funds to sustain larger and more effective institutions in the cities.

The crown, concerned with the disorder caused by the poor who migrated to the wealthier towns, and with the problem of caring for old soldiers, issued occasional statements of intent, although it lacked the means to implement its wishes. The most sustained attempt, when Louis XIV commissioned the Lazarist order to reallocate hospital funds, led to disaster. Other religious orders were enraged, and the Pope added this action to the crimes committed by the King against Rome. The

scheme was therefore abandoned as part of the rapprochement between France and the Holy See in the early 1690s.

The church was divided on how to help the sick and the deserving poor. Some clerics favoured the larger, urban poorhouses, winning endorsement from city councillors and leading citizens. Others showed a missionary zeal for maintaining and enhancing charitable provision in small towns and villages, which drew support from those communities and from local nobles. These alliances of clergy and laity did not prevent disagreements over the management of hospitals. The religious orders often provided the nursing staff, but the civil authorities were determined to retain overall control. The church had too many controversial fiscal and judicial rights already.

The attempts to amalgamate small institutions, close them or transfer some of their funds to larger establishments gave rise to endless litigation, because legal rights of many kinds were being infringed, and rival claimants were quick to seek judicial support. As bequests to hospitals were often challenged in court by aggrieved heirs, a significant proportion of funds destined for charity went into the pockets of lawyers.

Daniel Hickey pays particular attention to eight hospitals, four in the north-west and four in the south-east, although he also considers the general situation throughout the realm. He examines the increasing severity towards the undeserving poor, the more sophisticated division of the sick into categories requiring different treatments and accommodation, the growing practice of sustaining the needy in their own homes, and many other refinements which were introduced as medical knowledge and social attitudes evolved. In the south-east, where small hospitals were more numerous, there was widespread adoption of Italian practices, especially *monts de piété* and grain banks, to provide loans and seed for the temporarily impoverished.

Central to the continuing vitality of local hospitals were the new religious orders, especially those for women, who were thus given an opportunity for a satisfying career.

## Book Reviews

The orders' medical and organizational skills were complemented by the effective efforts of hospital directors in finding additional sources of funding. Slowly it was more generally recognized that the plans to transfer funds to large city institutions were misguided, and that local provision was positively desirable. Daniel Hickey concludes that, as charitable giving increased in the eighteenth century, many of these small establishments were providing a good service, better than some other historians of poverty have claimed. Indeed they might be using more advanced surgical techniques and recording lower mortality rates than famous Parisian hospitals.

Whereas most histories of hospitals have concentrated on the larger institutions, this new study reveals that there was an equally important lower stratum of medicine and charity. As well as challenging some of the accepted generalizations about poverty in *ancien régime* France, Daniel Hickey provides many insights into the social attitudes and tensions which affected daily life in small towns and villages.

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**Axel Karenberg,** *Lernen am Bett der Kranken. Die frühen Universitätskliniken in Deutschland (1760–1840)*, Schriften zur Wissenschaftsgeschichte, Hürtgenwald, Guido Pressler, 1997, pp. 286, illus., DM 160.00 (3-87646-081-6).

This meticulously researched 1994 *Habilitationsschrift* at the Medical Faculty of the University of Cologne surveys the origins of university clinics in the German-speaking realm for about a century until the onset of specialization. The author argues that the history and significance of such institutions—still considered to represent the top of Germany's academic health care delivery system and locus of medical teaching and research—are frequently ignored and misunderstood, and that uncovering their past can provide an important

perspective to today's physicians.

The book is chronologically arranged and then divided according to the prevailing religious orientation of the political units—cities and principalities—in which the various institutions were established. An introductory chapter sketches the origins of bedside teaching, from Islamic hospital wards from 800 to 1300, to the *collegium medico-practicum* at Leiden in the late seventeenth- and early eighteenth centuries. This is followed by the study of German clinics in Protestant cities before 1754, featuring Halle, Strassburg, and Göttingen. Subsequent sections survey Vienna, Prague, Freiburg, and Würzburg as institutions of the Catholic Enlightenment, followed by an inventory of representative clinics in small German states, Prussia between 1810 and 1825, and later foundations in Munich, Zurich and Bern after 1825.

As many dissertations, Karenberg's work is descriptive, heavy on dates, persons, and events, as well as guided by a somewhat arbitrary topography. Each institution is carefully inventoried with much emphasis on the architectural features of its buildings, organization, finances, number of beds, etc. On that score, we are all in the author's debt for having brought together a vast amount of information dispersed in local publications and archival collections. Lacking, however, is a broader perspective and efforts to interpret this material within the European framework of bedside medicine, including hospitals in Edinburgh, London, and Paris, to mention some of the key centres. We never hear about the actual interactions at the bedside, the plight of the patients being employed as examples and specimens, the subsequent shifts in medical epistemology, and the effects on the medical profession. The creation of university-affiliated teaching clinics, often separated from the charitable hospitals, constitutes an important chapter in German medical history. Karenberg's register will be quite useful for future endeavours.

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