

No longer can readers only of English complain at the lack of suitable general histories, and professionals will find much to ponder and debate.

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¹ Most are to be found in the chronology; where, p. 316, Diocles is credited with the first Green Herbal (read "Greek anatomy"); plague in Britain ends in 1392; and syphilis breaks out in 1490. The decision to insert all entries referring to a century at the head of entries for that century, and to place individuals by their date of birth results in some curious juxtapositions. Misprints are commendably few: I enjoyed quaiacam, p. 342, and the index is reasonably accurate.

Ole Peter Grell and Andrew Cunningham (eds), *Health care and poor relief in Protestant Europe 1500–1700*, Studies in the Social History of Medicine, London and New York, Routledge, 1997, pp. xi, 260, £50.00 (0-415-12130-2).

Two aims stand out in this set of essays. The first is, as Ole Peter Grell states, "to re-insert the Reformation into the story about early modern innovations in poor relief and health care provision": the second, to show that there were some similarities in approach amongst the states of Northern Europe, Scandinavia and the Baltic coast. These aims are admirable, given that for some the Reformation remains an ideological monolith that in all cases rejected beggary as a Christian means of sustenance, favouring instead the "deserving poor" and the "work ethic". As the essays show, common features can be seen, particularly in the redefinition of charity for temporal rather than spiritual purposes and in the move from religious to civic or private administration of hospitals. The influx of Protestant refugees from France and the Spanish Netherlands, along with the printing and diffusion of their ideas, meant that certain standard attitudes prevailed, for instance, with regard to a specifically Protestant version of Christian duty. This said, the issue of the poor and the sick was prominent in both Reformation and

Counter-Reformation states, and responses were tempered by concerns with social order and civic management that were common to the ruling élites regardless of their religious beliefs. As Paul Slack points out in his paper on London, issues of benevolence and patronage, as well as architectural grandeur, meant that the *Invalides* military hospital in Catholic Paris provided a model for the rebuilding of many of London's hospitals. One might add that a close look at engravings of Bethlem Hospital, constructed on Moorfields in 1676, shows strong similarities with the Tuileries palace. In addition, the Italian city states with their dynamic governments also provided a strong example for Protestant countries. As ever, it is the richness of each individual case that makes these essays interesting.

Many of the papers are notable for their assault on simple economic or demographic determinism. Jonathan Israel's study of the Low Countries shows how the building of poorhouses and workhouses in Amsterdam was facilitated by the new wealth of the city's merchants. The city also owed much to their concerns with urban rebuilding and civic duty, as well as to reforms in bedside medicine brought about at the University of Leiden. Population growth brought underemployment and consequent poverty and represented a threat to the social order that was identified and dealt with in different ways. As E Laedwig Petersen's article on Copenhagen shows, Christian IV's health care reforms were intended both as an act of Protestant piety and, however ineffectual, as a way of strengthening his monarchical rule. Rosalind Mitchinson's vibrant article on Scotland illustrates how unwillingness and insecurity on the part of landowners meant that the Poor Laws and the parish rates that they entailed were raised only in extreme circumstances, as in times of plague.

Recent studies by Margaret Pelling on Norwich and Andrew Wear on St Bartholomew's parish in London have shown, and these essays confirm, that poor relief and health care were provided largely on a local, parochial basis with the sick or the poor being

best served within the parish of their birth. Maria Bogucka's essay on Danzig provides an interesting contrast to this picture. The failure of the city's extensive systems of hospitals, workhouses and poorhouses to cope with the relatively high proportion of transient workers meant that traditional forms of charity such as alms giving and begging continued throughout the period.

Robert Jütte discusses how health care and poor relief were seen as two sides of the same coin by contemporaries. Sickness and unemployment were debilitating both to individuals and their dependants and to those who supported them. In this respect, hospitals and workhouses served a similar purpose, the former in trying to rehabilitate the sick to the workforce, the latter in providing some form of productive labour or education. In either case, care for the sick or the poor was not specifically *medical* in anything like the modern sense. Until well into the eighteenth century, the majority of healers were likely to be laymen and women or occasionally surgeons. Maria Bogucka's essay is notable for its attention to the actual care that might have provided for sick poor; while E I Kouri's work makes a welcome attempt to look at poor relief from the viewpoint of the poor themselves, in particular their recognition that they should pray and show humility.

This is a broad-ranging and detailed collection that should help to inform as well as stimulate further research in this area.

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Norbert Finzsch and Robert Jütte (eds), *Institutions of confinement: hospitals, asylums, and prisons in Western Europe and North America, 1500–1950*, a publication of the German Historical Institute, Washington, DC, Cambridge University Press, 1996, pp. ix, 369, £45.00, \$69.95, (0-521-56070-5).

To say that Michel Foucault casts a long shadow borders on the trite if not the positively

absurd, for it is impossible to escape the impact his work has had on historical writing over the last thirty years. More recently, however, Norbert Elias and his "process of civilisation" have come to command almost as much respect. The dual influence of these men—neither an historian—has strongly affected the writing of cultural and medical history. Indeed, we now have something like two "schools" of historians who have been vigorously, and sometimes stridently, asserting the superiority of one over the other. Less familiar, except to the most informed of English-speaking audiences, is the work of Gerhard Oestreich whose "social regulation" (which he distinguished from Elias's "social disciplining" and from Max Weber's theory of "rationalization") has had much more impact on the writing of social history (especially on the history of poor relief) than on medical history and even then mostly in German-speaking countries. This volume is a serious—and for the most part successful—attempt to appraise these theories and to measure what their "different outlooks on the process of social discipline" have meant for the writing of the history of hospitals, asylums, and prisons. While it is, of course, artificial (and wrong) to separate the history of any of these institutions from its mates, this review will concentrate on the first half of the book which treats hospitals and asylums.

Opening articles by Norbert Finzsch and Pieter Spierenburg evaluate how Elias, Foucault, and Oestreich assembled their individual "historical theories of confinement". Finzsch introduces the theoretical issues and briefly describes how the following essays fit the broader purpose of the volume. Spierenburg summarizes "four centuries of prison history" and, not too surprisingly, stresses the peculiarity of the Dutch experience where "from an early date [the sixteenth century], the prevention of crime was seen as a major objective of the prison-workhouse" (p. 23). Spierenburg's chief point, that "imprisonment is a reflection of the cultural climate of the society in which it develops . . . [and] reflects different aspects of that climate in different periods" (p. 35) is