

the community, while Lara Marks examines local political influences on the provision of birth control and services to mothers and infants in early twentieth-century London.

In a number of these papers, the role of families in the provision of care is articulated. That theme is further adopted by Akihito Suzuki in his consideration of the factors which led to the confinement of lunatics by their families in eighteenth-century London, and David Wright's examination of what care of an idiot in the home actually meant in Victorian England. Sandra Cavallo's paper, which focuses on the role of employers in caring for their servants, provides an interesting juxtaposition to this family care.

A strength as well as a weakness of the collection is its determination not to restrict the situations for which care is provided. Some papers focus on specifically medical (Berry) or public health (Marks) concerns. The need to which care responds in the papers of Suzuki, Wright, and Thomson is mental incapacity. These are the traditional ground of medical history, but the book does not restrict itself to these fields. For Sandra Burman and Patricia van der Spuy, the need is most likely to be abandonment of a child by its parents, and in papers such as those by Dinges and McIntosh, it would seem the need may simply arise through poverty. At its best, this failure to restrict is refreshing: traditional categories are swept away. There were times, however, when I found myself wondering precisely what the parameters were on the subject matter of the book. This is in part because historical debate has moved on in the six years since these papers were originally presented at the annual conference of the Society for the Social History of Medicine. We now have a considerably broader literature on care outside institutional settings. It is not merely that this literature is not referred to in the book. It is also that, through the work of other, more recent publications by scholars including the contributors to this book, our understanding of the field has developed.

The failure to establish a firm geographic focus is also problematic. Six of the ten non-

introductory essays focus on England. A number of these quite convincingly demonstrate the importance of cultural specificity in the provision of care. The essays by Cavallo and Dinges, on northern Italy and Bordeaux respectively, focus on themes and contexts which complement the English papers. While interesting on their own merits, however, I did find incongruous the inclusion of papers by Burman and van der Spuy on care of children in need in apartheid South Africa, and Zhongwei Zhao on family demographics now and in the future of China.

Horden makes a valiant attempt to unify the divergences of the volume in a long introductory essay. This left me with mixed feelings. While certainly identifying some of the themes which run through the essays, it further complicated the coherence with its focus on ethnography, an approach conspicuously absent from the other papers in the collection.

And yet perhaps the obsession with coherence of the volume and overarching themes is eventually otiose. Most scholars using this work will focus on the individual items of particular relevance to their work. The contributions are generally of a good standard; perhaps that ought to be enough.

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**Manfred Waserman and Samuel S Kottek** (eds), *Health and disease in the Holy Land: studies in the history and sociology of medicine from ancient times to the present*, Lewiston, NY, and Lampeter, Wales, The Edwin Mellen Press, 1996, pp. xii, 489, \$109.95 (0-7734-8764-6).

This volume publishes the results of an Israeli project to bring together a body of research presenting the history of health and disease in the Holy Land from earliest times to the present "within its social and cultural context" (p. 15). The participants are mainly Israelis, illustrating—quite understandably—the keen local interest in the subject, and the

editors are leading Israeli scholars in the history of medicine (Kottek) and health care administration (Waserman). The book consists of an Introduction and seventeen further chapters arranged chronologically; the references cited in the contributions are compiled into a useful bibliography (unfortunately with numerous omissions) at the end of the book, and there is a brief index.

As in most collective volumes, this one is uneven in the strength of its contributions; here only the more important studies can be discussed. The articles on the pre-modern period are generally weak, but standing out among them is Stephen Newmyer's account of public health in the Hellenistic and Roman Near East (pp. 67–101). This study is a rich and valuable discussion of such matters as Greek public health policies, the identity of the *iatreion*, the alleged provision of free medical care, infanticide, water supply and sewage systems, military medicine, and the rise of the hospital. Deploying a broad array of both historical and archaeological evidence, Newmyer carefully reassesses the traditional wisdom on many issues and highlights the mixed views that Jews showed toward Roman public works projects and Roman rule in general. Josephus, for example, lauded Herod for his romanophile building endeavours, but few other Jews did so. One would praise the Romans for their beautiful streets, bridges, and baths, while another would note that there were harlots on the streets, Romans in the baths, and toll collectors on the bridges. The Babylonian Talmud cursed the man who teaches his son "Greek wisdom", but Jewish medical practice was profoundly influenced by Greek medicine. The point would seem to be that Jews did not speak with a single voice on the matter, and that attitudes toward medicine were profoundly pluralistic.

The section of articles on more modern times offers a series of studies of considerable interest and importance. Amy Singer surveys Palestine's history as an Ottoman province from 1516 to 1800 and discusses questions of health, disease, and the sources available for their study (pp. 189–206). As in so many other areas of interest, a major problem is posed by

the wealth of uncatalogued and practically unknown documentary evidence in Istanbul and the cities of Palestine itself. It emerges that Ottoman officials sought to maintain basic standards of health and hygiene, but were able to ensure only minimal conditions and that only in the cities. And behind the public face of official regulations and inspections a different situation prevailed. Water supply was a long-standing problem, and both endemic and epidemic disease regularly ravaged the population. Folk medicine flourished, and the holy ground of Palestine encouraged the proliferation of sacred healing rituals around the shrines and tombs of saints and holy trees, springs, and rocks. The advances marked in the nineteenth century thus represent a radical departure from centuries of traditional practices and customs.

Such changes are considered by Amalie M Kass in her discussion of the medical philanthropic work of Sir Moses Montefiore (1784–1885) in Palestine (pp. 207–29), Norbert Schwake in his account of hospital foundations in the nineteenth and early twentieth centuries (pp. 231–62), Manfred Waserman in two valuable studies of the career of Henrietta Szold (1861–1945, pp. 263–99) and the rise of the Hadassah Medical Organization (pp. 361–87), and Shifra Shvarts in an assessment of Kupat Holim ("Workers' Sick Fund") and Jewish health services during the Mandate (pp. 329–60). Ambitious plans by such reformers as Montefiore for medical, public health, and other schemes in Palestine marked a first stage of modern international philanthropy, but were thwarted by opposition from local Jews themselves: new ideas and institutions were feared by the religious leadership, plans for Jewish initiatives in Jerusalem were opposed by the orthodox as contrary to the ideal of the Holy City as a place where Jews devoted themselves to study and prayer, education for women appeared unacceptably radical to people accustomed to keeping their women illiterate and uneducated, and the introduction of Western medical thinking and institutions threatened exposure to the blasphemies of modern science. Programmes such as the series

of European hospital foundations in Palestine in the nineteenth and early twentieth centuries also tended to become entangled in competing imperial strategies and priorities and inter-confessional intrigues.

More successful were the American Jewish initiatives of the early twentieth century. The outbreak of the First World War made it extremely difficult for Jews in Europe to involve themselves in projects in Palestine, and the vigorous Zionist movement in America recognized that only a Jewish homeland safe to live in would attract immigrants and investment. Not surprisingly, programmes in maternal and child care, nursing, and provision of milk stations and school lunches, all with major public awareness and educational dimensions, exactly followed the paradigms set down by the American programmes after which they were modelled. Though here again, as previously, modern initiatives were opposed by Yishuv traditionalism, the reformers were now more numerous and better organized and thus better able to implement programmes in the face of local Jewish religious opposition. But not all opposition was religiously inspired: as the case of Kupat Holim shows, local Jewish immigrant workers who had established their own medical mutual assistance organization were opposed to the rising influence of Hadassah, which they rightly saw as representative of American Jewish views and a partisan for free market principles inimical to Kupat Holim's more socialist agenda.

How the Arab population of Palestine—the majority until 1948—fared through all this is addressed by Nira Reiss in a study of British public health policy during the Mandate (pp. 301–27). Here it is shown that while the British authorities were keen to protect Britons and British imperial interests in Palestine, this was to be achieved at a minimal expenditure that did not allow for serious investment in the development of health or social services. Though some notable advances were made, these were not representative of the overall situation. Many essential services were classified as local matters and hence not the responsibility of the Mandate, understaffing

was a chronic problem, regulations often passed unenforced, and programmes that were implemented often took no account of prevailing conditions—nutrition and child health initiatives revolving around schools, for example, ignored the fact that only a third of Arab children went to school. The Jewish community was far better organized and had its own welfare infrastructure as well as a strong base of foreign support, and so was able to attend to some of its own affairs and campaign more effectively for concessions from the Mandate. The result was a steadily widening gap between the Arab and Jewish communities in almost all areas pertaining to social welfare and public health.

Not all of the studies published in this volume effectively address the editors' aim for consideration of social and cultural context, but from those that do there emerges a pattern that will be familiar to historians of medicine in other parts of the world. In the Holy Land, as elsewhere in the Middle East, medicine has been characterized by the intertwining of traditions that at times overlap, but at others stand in sharp contradiction to one another, and yet are somehow able to co-exist. Politics, personal and institutional rivalries, imperial strategies, and cross-cultural misapprehensions have also played important roles, and the way in which this volume highlights the interplay between monotheistic religious culture and medicine places before the reader a vivid demonstration—one that would have been reinforced by stronger articles on medieval Islam and the Crusades (pp. 103–87)—that for more than two millennia the prevailing atmosphere was broadly pluralistic where medicine was concerned,<sup>1</sup> and provides a useful and much-needed corrective to a recent trend to see monotheism as a force militating in favour of “monotruith” in medicine.<sup>2</sup> Even in such an intensely charged monotheistic milieu as the Holy Land, sacred to all three of the great monotheistic religions, it proves that religion is simply one of many considerations exerting pressure and influence on the course of medicine and science, and that even those within a given spiritual community routinely

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-Baghdādī (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-Ṭibb al-nabawī*, ed. Yūsuf 'Alī Budaywī (Damascus, Dār 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.