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demise. The author stresses how a perception of corruption arose from the “politicisation of charity” (p. 85) at local and national level, and from the “marginalization of the parish” (p. 109), which had formerly served as the perpetual body for administering trusts. In Part II, the focus shifts to the voluntary societies that took over from endowed charity. Chapter 5 examines the antecedents of these subscriber associations in guilds, parishes and chapels, and the organizations for sociability that emerged in the post-Restoration town. Chapter 6 tracks three distinct phases in the trajectory of voluntary charities: the “swelling river” (p. 139) from 1790 to 1820, when foundations multiplied rapidly; “fragmentation and specialization” (p. 147) from 1820 to 1860, when philanthropic organizations defined their parameters more narrowly, or became more closely related to religious congregations; and “proliferation and change” (p. 154) from 1850 to 1880, when new client groups were recruited, and the power of subscribers weakened. Chapters 7 and 8 then address the social characteristics of such donors. Women became more active from the early nineteenth century, albeit largely through societies that were managed by men. These men were pursuing a middle-class identity, but their opinions were diverse and so their philanthropy could not be reduced to a monolithic ideology. Nor was it without limitations. For Gorsky concludes that despite the “ability to develop new forms of social intervention and to win them public support” (p. 228), Bristol’s nineteenth-century voluntary sector was unable to achieve financial security.

Medicine does not feature prominently in this volume. The Bristol Infirmary attracts most attention; several passages critique Mary Fissell’s *Patients, power and the poor in eighteenth-century Bristol* (Cambridge University Press, 1991)—in particular, her emphasis on the social discipline of the lower orders, and the withdrawal of the old elite from hospital government. There are

also brief references to a number of associated schemes besides the Infirmary: for example, the Bristol Dispensary; the Bristol Lying-In Institution; and specialist hospitals for diseases of the eye and of the skin. Endowed charities of a medical nature, however, were not common. For readers of this journal, therefore, it is the general thrust of *Patterns of philanthropy* rather than its detailed content that will be of most relevance. Such scholarly treatment of the voluntary mechanism which produced so many medical projects has much to stimulate the medical historian.

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V M Leveaux, *The history of the Derbyshire General Infirmary, 1810–1894*, Cromford, Scarthin Books, 1999, pp. viii, 151, illus., £18.95 (hardback 1-900446-00-6).

This book might be described as being architecturally orientated rather than medically, which is perhaps not surprising when one reads that in a Special General Meeting held on 29 July 1890, it was decided “That the most satisfactory course would be to erect an entirely new hospital on the present site, but to the north or south” of it. Earlier in the year grave building defects had been found; by February of the following year it was decided that the Infirmary was to be entirely rebuilt, even the newest block, the Nightingale Wing, could not be saved but would be used for administration whilst rebuilding was carried out.

Derbyshire had been rather late in providing a general hospital and it was not until April 1803 that a subscription list was started, and even then it was seven years before its doors were opened on 4 June 1810. The moving spirit of the Building Committee was William Strutt, eldest son of Jedediah, founder of a successful hosiery

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industry. William had always shown the greatest interest in the technical side of the business and was the originator of the first fire-proof construction in England. He now had the opportunity of planning hospital accommodation for eighty patients besides those with infectious diseases. In the Infirmary he introduced day-rooms for convalescents, a number of wards with only two or three beds, and a fever block which had no internal connection with the main hospital. Strutt also devised water-closet doors which removed foul air on closing and at the same time washed the basin. A stove in the basement heated air, which was conveyed to the wards by flues, and there were yet other flues which extracted foetid air, but unfortunately were not accessible for cleaning. The whole formed an inter-linked honeycomb which was to lead ultimately to the hospital buildings' downfall.

Derby was proud of its handsome new hospital, particularly when Karl Friedrich Schinkel, Professor of Architecture in Berlin, was full of praise for its ingenious design.

The ever-present cry of excessive drug expenditure was made in the 1830s, but the committee concluded that there was no gross extravagance although costs were certainly much higher than those of Exeter and Gloucester Infirmaries. It was in the next decade that it was realized that Derby's population was growing rapidly and that the hospital would have to be enlarged, especially to cope with the increased number of fever and venereal cases. A new wing, later called the West Wing, was built in early 1850 for them, yet within only a few years a further expansion became essential, which resulted in the opening of the Nightingale Wing in 1869. Sadly, nearly all this new work was soon to be swept away.

The book unfortunately is not fully referenced and there is only a limited bibliography. The few biographies are almost entirely of architects and builders,

and more would have been liked concerning the medical personnel. The maps and architects' drawings could have been much improved by introducing compass points which would have helped with the complex orientation of the hospital buildings. (Only two were found and they were both late, being on drawings of 1891 and 1896.)

One cannot but admire the speed with which our Victorian forebears dealt with the disaster that William Strutt had unwittingly left them. Surely there is a lesson here for us to learn today?

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Laurinda Abreu, *Memórias da alma e do corpo. A Misericórdia de Setúbal na modernidade*, Raiz do Tempo series, Viseu, Palimage Editores, 1999, pp. 493 (972-97848-3-3).

Laurinda Abreu's book is a scholarly analysis of the preparations made by the citizens of the Portuguese town of Setubal for the hereafter, and the impact these had on the living. It traces over four centuries the implementation of the belief that the soul's term in Purgatory is dependent on a continual round of masses, anniversaries and pious bequests, which in their turn depend on the memory and goodwill of those the dead left behind them. The book is very much the history of the religious observances of Setubal between the sixteenth and the nineteenth centuries. The Santa Casa da Misericórdia, the charitable hospital founded in 1501, whose extensive financial records provide much of the evidence, was one result of the belief in Purgatory. A close relationship between religious practices and the provision of public health care is observed. The hospital itself, however, is not the focus of this book and readers should not seek herein an in-depth analysis of hospital care in early modern Portugal.