

## Book Reviews

tradition", one might add to this list a question about how recognition ("greatness") was created. On the first two of these points Brock is exemplary, on the rest he is less strong. The account of Koch's work is thorough, and the clarity of the writing should make what was a subject of technical sophistication and cognitive confusion accessible to a wide audience. The full span of Koch's work is covered, even the less productive years after 1890, which included his little-known, but extensive efforts with tropical diseases. Koch is credited with 17 major contributions to medicine and bacteriology, almost any one of which, it is suggested, would have won their discoverer recognition and a place in history. To produce that number and range of major insights was remarkable. However, the notion of a "contribution" will trouble those who now question the cumulative, positivist model of science. In fact, in places it is suggested that Koch's work may best be seen as creating new areas of knowledge and kinds of practice. Given that the book appears in a series entitled "Scientific Revolutionaries", it is perhaps surprising that more was not made of this. The complexity of Koch's character is well portrayed, with clear evidence of the changes wrought by fame, power, and wealth. Brock seems happier when discussing the private man and family relationships than his professional and political life. He mentions close associates like Ehrlich, Behring and Loeffler, but there is little sense of how the Koch group or the wider German biomedical community worked together, or maybe against each other. Also, it would have been nice to have learnt more about "his widespread unpopularity among the medical community" (p. 287). The same applies to his relations with the government and private agencies, where new and historically important links between medicine and the state, and between medicine and pharmaceutical companies were being forged. The explanation of Koch's "greatness" is largely in terms of personal characteristics—"diligence and persistence", "supreme effort", "the willingness to tackle big problems". An alternative explanation of him as one of an outstanding generation of German medical scientists, created by a particular educational, institutional, and professional environment, is hinted at, but not systematically explored. It is somewhat disappointing that such a neglect of the social and institutional context can still be found in major works in the history of medicine in the late 1980s. To obtain this fuller picture of Koch's life, Brock's work will have to be read alongside other, more socially informed work on the history of late nineteenth-century German medicine. However, a strength of Brock's biography is that he follows Koch's activities through to the world stage, so it is not only German historians who will find this book a solid and suggestive departure point for further work.

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A. M. LUYENDIJK-ELSHOUT, G. M. van HETEREN, A. de KNECHT-van EEKELEN, and M. J. D. POULISSEN (eds.), *Dutch medicine in the Malay Archipelago 1816–1942: articles presented at a symposium held in honor of Prof. Dr D. de Moulin*, Nieuwe Nederlandse Bijdragen tot de Geschiedenis der Geneeskunde en der Natuurwetenschappen 35, Amsterdam, Rodopi, 1989, 8vo, pp. 171, illus., Dfl. 55.00.

This is an interesting and readable collection of essays on various aspects of Dutch medicine in colonial Java, Sumatra, and Malaya, to honour Professor D. de Moulin on the occasion of his seventieth birthday. Unusually, one of his own short papers (on the teaching of medicine in the Dutch East Indies) is included, but this is not a *Festschrift*; Professor de Moulin received that honour in 1984. As these papers are the products of a symposium they are nicely complementary and add up to more than the mere sum of their parts; for this the editors are to be congratulated. A. Kerkhoff traces the development of the Dutch Indies medical service up to 1880, and the next two papers cover the period 1880–1925; G. van Heteren on medical education in the Netherlands for doctors recruited for tropical service, and A. de Knecht-van Eekelen on the development of tropical medicine in the Netherlands. G. T. Haneveld then examines the role of private health schemes on East Sumatra plantations, while J. P. Verhave's paper on malaria research has photos of Doctors Schüffner and Swellengrebel (assisted by Mrs Swellengrebel) palpating spleens and taking blood samples from Sumatran children. A. P. den

## Book Reviews

Hartog discusses improvements in public nutrition in Indonesia; P. Boomgaard uses medical records of smallpox vaccination in Java as a source for historical demography; and J. A. de Moor presents a colourful picture of the life of army doctors in the Archipelago, 1830–80. Finally, for a comparative perspective, Michael Worboys contributes a rapid overview of developments in tropical medicine in British India and tropical Africa after 1890. All these papers have the virtue of brevity, yet most are thoroughly documented. Apart from minor lapses (such as the mis-spelling of medicine in a chapter heading on p. 35, and of I. J. Catanach's name in a muddled footnote on p. 166), the book is neatly printed and well-bound. As usual with such collections, however, there is no subject index, merely an index of names.

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**BERNARD CASHMAN**, *Private charity and the public purse. The development of Bedford General Hospital: 1794–1988*. Bedford, For the North Bedfordshire Health Authority, 1988, 8vo, pp. xxvii, 206, illus., £7.95 [plus £1.00 p&p if ordered from Mr T. Devine, Divisional Supplies Dept., Britannia Place, Bedford MK42 9DN], (paperback).

**T. G. DAVIES**, *Deeds not words: a history of the Swansea General and Eye Hospital 1817–1948*, Cardiff, University of Wales Press, 1988, 8vo, pp. xv, 259, illus., £7.95.

**ARTHUR LEWIS WYMAN**, *Medicine in the Parish of Fulham from the fourteenth century: Fulham Hospital 1884*, London, Fulham and Hammersmith Historical Society, 1988, 8vo, pp. x, 160, illus., £5.00 + .50 p & p from Miss E. J. Willson, Hon. Secretary, 56 Palewell Park, London SW14 8JH.

Hospital history flourishes, at least the kind that commemorates local initiative and is written for local readers. The authors of these are medical men: none would disagree with Cashman's conclusion that the problems still debated 40 years after the inception of the NHS are at least two centuries old and that the "range of possible solutions is strictly limited".

Amateur historians of hospitals have had a bad press in the last 20 years, especially among professional historians of hospitals. But Cashman, Davies, and Wyman are not Blimpish perpetrators of chatty and formless prose that ignores the wider context in favour of interminable summaries of the minutes of medical committee meetings. There are the funny stories that one might expect, but many have a point. "Dipping" at Gravesend was the Fulham prophylactic for victims of mad dogs: in a remarkable instance of carelessness in 1797, an entire family claimed to have been bitten, and all seven were sent to the seaside. After outbreaks of arson, violence, and structural demolition on the male side of the Bedford Union Workhouse in 1843, its master recommended that the matron be dismissed as on the *female* side it was "impossible to carry out the system". Hospital committees come to the gloomy realization that they can no longer afford an all-white, all-male medical staff: Swansea had refused interviews to eight women doctors and one (male) Indian by late 1904, when they hired a woman. By 1934, the Workers' Hospital Fund was the major contributor to the Bedford County Hospital's finances: its surgeon explained that the "upper classes had been hit very hard by taxation . . . so that the money had to come from a wider area".

The demolition of historic buildings provided incentives for Wyman's and Davies's histories, but none of the books really does justice to hospital architecture. The "Swansea Infirmary, for warm and cold Seawater bathing, and for the relief of the sick and lame poor from every part of the kingdom" accepted its first patients in 1817: Florence Nightingale, asked for her advice in 1864, wrote to Swansea that a "hospital is almost as difficult a place of construction as a watch and there is no building which requires more special knowledge." A *Report* prepared there in the late 1870s anthropomorphically refers to "traumatic infections [that] poison a building very persistently". And what about the facades? The *British Medical Journal* mused, in 1865, that Swansea had "always been, upon the whole, a foul spot", but judging from the photographs the hospital, with its Mansard roofs, turrets, and white trim, was positively skittish in style: such jollifications were doubtless to welcome the "sea breezes wafted straight across the broad Atlantic into its very wards" as a contemporary report trilled.