

## Book Reviews

and lazarettos of the late medieval and early modern period, these functions re-emerge at other stages of the institutions' history. Nor, for Risse, does the hospital after the "birth of the clinic" have a monopoly of the pedagogic and curative roles: we see the hospital as an institution of teaching and learning and state-of-the-art medical care in many other prior instances. Then again, Risse's broad church approach to the question of what is a hospital also allows him to include mental hospitals (and earlier dedication to spiritual and psychological healing) as part of the same institutional matrix.

Each variant of the hospital "type" is analysed through broadly the same prism. In each case, the hospital's mission, nature of patronage or financial support, organizational staff, patient base and rituals of healing and care are woven into the story. Each section is given greater immediacy and impact by Risse's use of the specific example of a personal narrative—told through the individual's own words. With great ingenuity, Risse has turned up the personal account of one Aelius Aristides in AD 145 to preface discussion of the temples of Asclepius. It says a lot about Risse's approach that in each case—as here—these micro-histories revolve around a patient in a particular institution rather than a practitioner. Thus the section on Enlightenment medicine begins with a case-study of a patient in the Edinburgh hospital whose history Risse has already made his own; thus too a particular case in the University of California San Francisco's AIDS wards begins a section on the hospital's most recent incarnation.

Approaching the hospital in this way—almost as a Geertzian anthropologist—through the "thick description" of a particular case in a particular hospital in a particular period means that the reader is unable to leave out of hospital history those participants and bit-players whose role is often neglected or effaced in other general histories of the

hospital. The doctor comes tumbling down from his elevated perch, and joins the much richer and more variegated world of patients, nurses, volunteers, donors, visitors and cleaners. The rituals of the doctor's rounds are seen in the context of a wide variety of prior and competing forms. This is not hospital care as a dyadic patient/practitioner relationship, but rather a history sensitive to the complex, textured and multi-layered character of hospital life. The imaginative emphasis on the experiential dimension of hospital care makes this erudite and compelling study memorable and often moving.

**Colin Jones,**  
University of Warwick

**Caroline Hannaway and Ann La Berge** (eds), *Constructing Paris medicine*, Wellcome Institute Series in the History of Medicine/Clio Medica 50, Amsterdam and Atlanta, GA, Editions Rodopi, 1999, pp. xiii, 406, £60.00, \$100.00 (hardback 90-420-0691-9), £22.00, \$36.00 (paperback 90-420-0681-1).

This collection originated in a symposium at the College of Physicians in Philadelphia on new approaches to the history of the nineteenth-century Paris clinical school, starting with a critical reassessment of the classic works by Michel Foucault and Erwin Ackerknecht (Foucault, *Naissance de la clinique: une archéologie du regard médical/The birth of the clinic: an archaeology of medical perception*, trans. A M Sheridan Smith, both 1963; Ackerknecht, *Medicine at the Paris hospital, 1794–1848*, 1967). None of the contributors engages in a significant way with Foucault's larger philosophical claims, but as a group they energetically confront a perception of Paris medicine that he as well as Ackerknecht did much to perpetuate: a radical transformation of medical thinking, education, and practice emerging in France

from the political and social upheavals of the 1790s. The result could fairly be called a manifesto for a post-Ackerknechtian historiography. The familiar elements are still here—pathological anatomy, clinical observation of large numbers of cases in a hospital setting, and the rest—but contextualized and complicated in ways that call into question the image of a medical revolution on the banks of the Seine.

The book's title most aptly applies to the editors' introductory chapter, a very informative historiographical survey reaching back to writings by members of the Paris school, who did much to shape its public image; for Hannaway and La Berge, the construction of the "myth" (p. 3) of Paris medicine began with them. Most of the remaining chapters are devoted at least in part to debunking this legend. Two particularly meaty articles, by L W B Brockliss and Othmar Keel, challenge the notion of a sharp break with the past by carefully examining the eighteenth-century antecedents. Keel has argued elsewhere that the French were followers rather than pioneers. In the present article he focuses on anatomical and tissue pathology in Britain, particularly the work of John Hunter and Matthew Baillie. Brockliss's useful survey of French medical education in the Ancien Régime rejects the image that we inherited from the reformers of the 1790s and their successors: lazy professors, highly theoretical lectures, virtually no practical training, a curriculum dominated by the ancients. He points to changes in the curriculum after about 1760, especially in pathology and therapeutics, the acceptance of contemporary medical science, and the introduction of practical courses, though private instruction remained an important resource for clinical training. Medicine in this account matches the dynamism of Ancien Régime surgery as depicted in Toby Gelfand's influential study, *Professionalizing modern medicine: Paris surgeons and medical science and institutions in the eighteenth century* (1980), and Brockliss sees medicine

rather than surgery as the primary source of the Paris clinical school.

Three other articles address Ackerknecht's *terminus ad quem*—the "dead end" (the title of his chapter 10) that he thinks Paris medicine reached around the middle of the century, with the revolutionary year of 1848 providing a convenient chronological punctuation point. Excessively attached to its clinical traditions, unreceptive to laboratory science, Paris lost its momentum; the many foreigners who had flocked there to study medicine now increasingly made their way to Vienna or Berlin. On the question of openness to laboratory science, La Berge shows in her study of medical microscopy that the leaders of the Paris school made room for the new technique, even though most remained devoted to an approach based on clinical observation and gross anatomy. She stresses, too, that the exponents of microscopy, such as Alfred Donné, saw the laboratory as complementing rather than replacing the established methods. Joy Harvey examines the clinical tradition itself as it survived in medical education in the quarter century after 1848. Drawing on hospital gazettes and the letters of Paul Broca and Mary Putnam Jacobi, she shows the persistence of an impetus that was far from spent. John Harley Warner, in a lively article on Americans who studied medicine in Paris, accepts the pattern of migrations described in Ackerknecht but rejects an explanation based on shifting centres of medical innovation. The Americans, he argues, primarily sought opportunities for dissection and practical training less readily available at home; the turn away from Paris reflected similar priorities rather than admiration for German scientific prowess.

The three remaining chapters, by L S Jacyna, W R Albury, and Jacalyn Duffin, do not address Ackerknecht's problematic so directly, but each enriches our understanding of Paris medicine by placing some of its leading figures in political,

## Book Reviews

social, and cultural context. They also remind us that despite some commonalities, "Paris medicine" was hardly a monolith. Jacyna's perceptive essay on the iconography of the illustrations in J-L Alibert's voluminous publications on skin diseases calls attention to the "pious pathology" of this Catholic royalist, as well as the aesthetic qualities that he perceived in disease. As physician-in-ordinary to Charles X, Alibert accompanied the monarch on his coronation day to the hospital of Saint-Marcou in Reims, where Charles revived the old royal custom of touching for scrofula. Although Alibert stopped short of a literal belief in the efficacy of this procedure and sought natural explanations of cases in which certain popular healing rituals appeared to work, he insisted on the importance of the spirit in treating somatic diseases. Unlike some of his colleagues in Paris medicine, he remained a convinced dualist, rejecting Cabanis's materialism. Albury's study of the question of human individuality in the work of Corvisart and Broussais identifies both a shared divergence from the classic view of particular constitutions and a disagreement over the implications. Both saw individual variations as essentially pathological, but the more optimistic Broussais had greater confidence in the powers of therapeutic intervention. For Albury, the representation of health as an unattainable ideal, beyond the powers of the Hippocratic non-naturals, bolstered the physicians' professional authority. In this anti-Rousseauian world patients could put their trust neither in nature nor in their own devices.

Finally, Duffin's insightful study of the celebrated running debate between Laennec and Broussais argues that the reciprocal accusations of incompetence and plagiarism, the fusillades directed at Laennec's "vital principle" and Broussais's reduction of disease to gastrointestinal inflammation, concealed deeper agreements, especially on the limits of pathological anatomy. Given their large egos, contrasting temperaments,

and conflicting views on throne and altar (Broussais was strongly antimonarchist and anticlerical), the two were almost bound to clash. Duffin, however, characterizes many of the differences as "semantic". She suggests, moreover, that the energetic exchanges provided mutual intellectual stimulation and served the larger purpose, which each of the antagonists would at some level have approved, of discouraging the use of empirically empty terms such as "vital principle" and "irritation" in French medical discourse.

As a whole, the book reminds us of the extent to which "the Paris school" is, indeed, a construct, which has much to offer but also real limits. It provides an excellent introduction to recent and current work in a subfield of medical history which, however shopworn it may once have seemed, continues to develop in exciting ways, thanks primarily to work of scholars outside France. (The authors are based in Britain, Canada, the United States, and Australia; the tragically premature death of Roselyne Rey robbed the collection of what would have been the one French contribution.) Three of the participants have published distinguished monographs on topics related to their article in this volume (Brockliss and Colin Jones, *The medical world of early modern France*, Oxford, Clarendon Press, 1997; Duffin, *To see with a better eye: a life of R T H Laennec*, Princeton University Press, 1998; and Warner, *Against the spirit of system: the French impulse in nineteenth-century American medicine*, Princeton University Press, 1998). Keel has completed a major synoptic study of the origins and development of clinical medicine in Europe, which is now in press, and La Berge is working on a book-length project on nineteenth-century microscopy.

The present volume should prove a valuable resource for medical history seminars, assigned in conjunction with Ackerknecht and Foucault. It will also provide the basis for an ongoing discussion

## Book Reviews

among scholars. Indeed, the time now seems ripe for a Paris medicine web page, especially since many of the key French texts have become available on-line through the Gallica service of the Bibliothèque nationale de France (<http://gallica.bnf.fr/>). We cannot all meet in Paris, but as a virtual academic community we can perhaps help reconstruct Paris medicine, building on the important work of Hannaway, La Berge, and company.

**Matthew Ramsey,**  
Vanderbilt University

**Peter Bartlett**, *The Poor Law of lunacy: the administration of pauper lunatics in mid-nineteenth-century England*, London and Washington, Leicester University Press, 1999, pp. xix, 310, £55.00 (hardback 0-7185-0104-7). Available in USA from Continuum, PO Box 605, Herndon, VA 20172.

This book sets out to show that the roots of the mid-nineteenth-century asylum system can be found in Poor Law legislation. Bartlett challenges existing histories, which portray the asylums as the realm of doctors, and argues instead that the asylums were merely a facet of English Poor Law, and that the Medical Superintendent had little power. Using the Leicestershire asylum as a case study, he examines the part played by Poor Law Officers in asylum admission procedures, and the relationship between Poor Law Officers, asylum staff, and lunacy inspectors. Bartlett is clear that doctors were not a key part of the administration process before 1853 when admission to workhouses and asylums became dependent upon a medical certificate. Bartlett's thesis is that the primary purpose of institutions such as orphanages, houses of correction, workhouses and asylums during the eighteenth and nineteenth centuries was to

control escalating numbers of paupers (p. 32).

The beginnings of the Poor Law in England can be traced to the 1601 statute and, though extensively modified subsequently, its original intentions always remained paramount (p. 33). The original statute sought to regulate those willing to work but who could not find any—they were to be provided with work; those who could not work—they were to be offered charity; and tramps, vagrants and those who refused work were to be punished. Although the statute did not specifically mention the insane, it certainly influenced the philosophy and running of the mental institutions in subsequent centuries. The reluctance to provide outdoor relief to the able-bodied is clearly discernible in later statutes, which state that the indigent should be managed in institutions and put to work. Conditions in Poor Law workhouses were deliberately harsh in order to deter those perceived as opting out of work. Uniforms identified and humiliated the inmates; individuality was stifled; food was barely adequate. Work for men, women and children was hard, relentless and monotonous.

The Vagrancy Act (1744) updated the 1601 statute and recommended the building of Houses of Correction in all counties. These were to control the unruly poor and vagabonds, and to confine the dangerously insane. Bartlett argues that the debate around the institutions advanced into moral and scientific areas, seeking to understand the causes of deviancy and to devise strategies for transforming non-productive citizens into upright ones. It was considered that no matter what the roots of deviance, whether social, biological, psychological or spiritual, a period spent in an appropriate institution would “reform” the poor, the criminal and the insane. The early nineteenth century saw the population of England increase from 5.5 million in 1800 to 9 million in 1832. There was a corresponding growth in the number of paupers. The Poor Law Act (1834)