

## Book Reviews

of them specifically for the volume, to fill in gaps such as “trends in mortality in the twentieth century”, and “disease as a social concept”. The work contains articles on the history of public health, changes in the health care professions, the structure of health care organizations, mental illness, financing medical care, and ethical issues.

Particularly relevant to contemporary student interests are the essays which describe the evolution of the cost and structure of medical care. Many of my students are planning careers in medicine, and have heard discouraging words about the ways in which the medical world they approach has been ruined by managed care and other alterations in financing which corrode the doctor-patient relationship. The essays by Tom James, David Nash, Rashi Fein, Stephen Jencks and George Schieber offer a particularly apt, concise and reliable summary of how American health care arrived at the unsatisfying tension that characterizes today’s office practice.

The articles on professionalization are equally valuable. As specialties have come to dominate modern medicine (albeit with some competition from us primary care gatekeepers in recent years) the articles on the history of cardiology (Joel Howell), podiatry (James Skinner and James Hughes) and occupational medicine (Angela Nugent) are all illuminating about the ways in which the hierarchy of American medical practice achieved a shape so very different from its Canadian and British analogues.

Ethical discussions flow easily among my students, and this collection offers several enticing nuclei for debate. The fight over water fluoridation (for the prevention of dental caries) continues in U.S. communities, and Donald McNeil’s even account nicely sets up this controversial topic. Allan Brandt discusses the ethical component of the public health war on the cigarette, insightfully addressing the issue of personal and governmental responsibility at its centre. Similar difficulties concerning the core assignment of blame highlight his essay comparing AIDs to earlier battles against syphilis. The ethics of abortion

and human experimentation are likewise introduced in ways both educational and stimulating. Overall, Rothstein has gathered a useful set of articles for classes on the history of twentieth-century medicine, as well as on medicine and public policy issues. Both Rothman *et al.* and Rothstein have provided us with new teaching tools for the contemporary classroom. They are not exactly pleasurable “summer reading”, but they are useful additions to the short shelf of books available (in paperback form) for instruction in the social study of medicine.

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**Hilary Marland, Margaret Pelling** (eds), *The task of healing: medicine, religion and gender in England and the Netherlands, 1450–1800*, Rotterdam, Erasmus Publishing, 1996, pp. 317, illus., Hlf. 84.50 (90–5235–096–5).

As so often with books edited largely from conference papers, in this case the First Anglo-Dutch Wellcome Symposium, the title does not quite deliver what it seems to offer. The exciting promise of a triangulated development of the themes in the subtitle could perhaps be fulfilled only by a monograph. Fred Bergman’s opening piece unites the three, but by way of the comprehensive historical reconstruction of a concrete case examining the interplay of medicine, theology and patriarchy in a single source-text (a woman’s letter of complaint to the authorities about the treatment of her leprous husband). From then on the book is a collection of essays linking medicine essentially either with religion or with gender or (as in Peter Murray Jones’s study of medical book-ownership in Cambridge) with neither. The other interplay promised in the title is Anglo-Dutch; in religion at least, this is the most important overseas connection for both countries in the central part of the period. However, this is fulfilled only by Harold J Cook’s article on the sameness and difference of English and Dutch medical approaches to “natural history” and merely in passing elsewhere.

What the book actually does instead is to provide an extremely valuable scholarly resource and a mine of thought-provocation for historians of seventeenth-century medicine in general. This reviewer's interest in the period is lamentably specialized, but none of the wide-ranging papers failed to prompt me to follow up at least one of its insights in my own work. Also rewarding are those aspects of the book which force the reader out of narrow categories such as the division between social and intellectual history. This is especially true of Margaret Pelling's articles on the gender-compromising role of the physician, "a body-servant . . . admitted, like a woman, to the bedroom but not to the council chamber", and on the symbolism of medical treatment of the foot in Dutch genre painting. By contrast, Hilary Marland's extension of her work on the Frisian midwife Catharina Schrader to a wider range of sources enables her to develop a rather more conventional but none the less valuable long-term view of changes in the ideological representation of the midwife.

For the English or American reader, access to sources from Dutch physicians and theologians—such important players in the period, but neglected because of the self-imposed language barrier—will be welcome. In this respect it would have been helpful if Mart van Lieburg's introduction to 'Religion and medical practice in the Netherlands in the seventeenth century' had not been almost half as short as the next shortest piece in the book and had matched Andrew Wear's corresponding overview for England. Nevertheless, the resonances of all the more narrowly-focused Dutch articles are such as to provoke immediate cross-cultural comprehension. Willem Frijhoff looks critically at Dutch manifestations of the distance between seventeenth-century medical education, a broad "faculty" of learning encompassing a range of cultural allegiances, and our own perception of it as a scientific discipline tied directly to practice. Hans de Waardt's paper on exorcism and the interaction between the roles of pastor and healer among the priesthood shows the degree to which

secularization and the separation of magic from religion were unwitting outcomes of theological and ecclesiastical politics, involving conflicts among the Reformers as well as with Catholicism. Frank Huisman too reflects this broad theme in his case study of the relationship between surgeons, physicians and urban government in Groningen, where the surgeons' guild helped police the town and administer poor relief. In spite of these two articles, however, the extent to which politics and theology are inextricable from each other on the wider stage of seventeenth-century history as well as on local ones, and the interpenetration of this with shifts in medical perspective, are not as evident as they could be in a book with the aims that this one has set itself.

Produced and copy-edited with loving care, and with effective enough black-and-white reproductions, the book is obviously the outcome of stringent post-conference demands made and followed through by the editors: a real book, not a quick fix.

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**Annemarie Kinzelbach**, *Gesundbleiben, Krankwerden, Armsein in der frühneuzeitlichen Gesellschaft, Gesunde und Kranke in den Reichsstädten Überlingen und Ulm, 1500–1700*, Medizin, Gesellschaft und Geschichte No. 8, Stuttgart, Franz Steiner, 1995, pp. 496, Dm/sFr 144.00 (3–515–06697–7).

At first, it appears that Annemarie Kinzelbach's book on "remaining well, falling ill, and being poor" is just another worthy contribution to the already burgeoning literature on medicine in early modern society. But *Gesundbleiben, Krankwerden, Armsein* is actually much more: a thoroughgoing critique of many interpretations medical historians have worked with over the past two decades as well as a penetrating and uncompromising assessment of their methods.