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Esther Diana, *Santa Maria Nuova: Ospedale dei Fiorentini: Architettura ed assistenza nella Firenze tra Settecento e Novecento* (Florence: Edizioni Polistampa, 2012), pp. 629, €90.00, hardback, ISBN: 978-88-596-1048-9.

The hospital of Santa Maria Nuova is probably best known to English historians, and the readers of this journal, as providing the model for the plan and administration of the Savoy Hospital, which was established in London by King Henry VII in 1509 (K. Park and J. Henderson, “‘The First Hospital among Christians’: The Ospedale di Santa Maria Nuova in Early Sixteenth-Century Florence”, *Medical History*, 35 (1991), 35, 164–188). Though the London hospital was destroyed in the nineteenth century to make way for the Savoy Hotel, ironically the idea of the hotel was exported to Florence where it was opened in 1893 to house visitors from England and other countries. It is indeed mostly with the eighteenth and nineteenth centuries, but also with the twentieth century, that this very substantial study of Santa Maria Nuova is concerned. Divided into five main chronological parts, the author has brought her detailed knowledge of both the archive and architecture of the site to provide the first in-depth account of the later development of this important European hospital.

Indeed one of the strengths of this study is that Santa Maria Nuova is placed within the wider context of developments in and discussions about the role of the hospital in public health in Florence and Tuscany and also in other parts of Europe. Debates in the late eighteenth and early nineteenth centuries about the position of hospitals in the city led to the adoption of various solutions: from the construction of new suburban hospitals, many conforming to the new pavilion form; the remodelling of existing religious or charitable institutions; or the remodelling of existing hospitals. These debates were also reflected in Florence and despite suggestions to move Santa Maria Nuova out of the city centre, in the end work was concentrated on remodelling the existing site. Esther Diana provides a painstaking account of the hospital’s hesitant development, which has left the present site as an amalgam of the medieval, early modern, modern and contemporary.

One of the fascinating themes of this book is the extent to which the changes and intermittent growth of this institution stemmed from the enthusiasm of a series of influential individuals, whose different points of view as doctors, administrators or public health officers, often led to vigorous contemporary debate, engaging not just with local issues and conditions, but also with discussions in other parts of Europe about the form and function of hospitals. One of these related to an increased emphasis on specialisation, leading to the construction of a new maternity wing and an eye clinic in the 1870s with the result that by the end of the decade Santa Maria Nuova came to combine new specialised units within the older cruciform structures. At the same time a new library was created and the Pinacoteca or art gallery, thus removing devotional works of art from their original contexts. This represented a rupture with the religious role of the hospital, which had characterised Santa Maria Nuova’s function from its foundation in the late thirteenth century by Folco di Ricovero Portinari, the father of Dante’s Beatrice.

Another crucial period was represented by the early 1880s when parts of some of Santa Maria Nuova’s existing medieval and renaissance wards were reworked to create pavilion-style buildings, reflecting the latest fashion in hospital architecture in Europe and beyond. Wider debates in Florence and throughout Europe over urban sanitary conditions in cities also informed concerns about the location of existing hospitals. One of the driving forces for change in the 1890s was what has been called a ‘Risorgimento sanitario’ in Florence, based on a new emphasis on the significance of demographic data as a way

of measuring the effect on health of the insanitary conditions generated by inadequate systems for sewage disposal and the supply of fresh water to houses. Although awareness of the association between the urban environment and disease had long been a feature of public health intervention, it was in this period that the commissions established to look into the situation led to renewed discussion of the best location of hospitals, which were seen as both being affected by and causing insanitary conditions in surrounding neighbourhoods, and to renewed efforts to establish hospitals outside the city centre. Examples include the establishment in the late nineteenth and early twentieth centuries of the famous Meyer children's hospital on one of the elegant new Viali to the south of the river, and the construction of Careggi, which became a hospital city in itself in the northern suburbs.

This book, which has filled a gap in our knowledge of the later history of what is still Florence's major medical hospital in the city centre, is an impressive production and is richly illustrated with architectural plans, plates and photographs, bringing alive this important period and at the same time providing a much needed survey of the city's medical history in this period. Its publication is timely since it coincides with the completion of the recent elegant restoration of the Piazza of Santa Maria Nuova and the hospital's entrance halls.

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Tamara Giles-Vernick and **James L.A. Webb, Jr** (eds), *Global Health in Africa: Historical Perspectives on Disease Control* (Athens, OH: Ohio University Press, 2013), pp. v + 246, £21.99, paperback, ISBN: 978-0-8214-2068-3.

Melissa Graboyes, *The Experiment Must Continue: Medical Research and Ethics in East Africa, 1940–2014* (Athens, OH: Ohio University Press, 2015), pp. vii + 307, £23.99, paperback, ISBN: 9780821421734.

One of the great hopes of historical writing is that it may improve or enrich the lives of the living. The mundane experience of research can often seem detached from the actual business of healing and helping, yet we archive-dwellers do dream that our work will challenge even age-old inequalities and injustices. We stretch our arms out of the academy and expect, perhaps vainly, that we will make some kind of difference, to someone, somewhere. We tend not, however, to explicitly state our intentions, often assuming instead that our endeavour to study the past will itself create fresh worlds for today. By contrast, Graboyes in *The Experiment Must Continue*, and Giles-Vernick, Webb and the thirteen other scholars involved in producing *Global Health in Africa*, make exemplary, fascinating and even moving forays into a type of history writing which aims to address the present directly. The danger with this kind of work is that our analytical categories will follow present conceptions too closely and the very foreignness of past cultures will be lost. Instead of writing about contingencies, rejected visions, the losers of past contests and forgotten voices, we will emphasise only that which appears to bear directly on the present. We will fall headlong into what E. P. Thompson bitterly referred to as 'the enormous condescension of posterity', in which past actors are not allowed to speak for themselves.¹

¹ E. P. Thompson, *The Making of the English Working Class* (New York: Pantheon Books, 1964), 12.