

related. While originally the concept of sin does not seem to have been indigenous in China, it spread with Buddhism and later forms of popular derivatives. Examples are found in popular literature like the *Liaozhia zhiyi* which also reports on cases of possession by demons, resulting in madness. A rather curious case shows the metamorphosis of a crazy peasant woman into her real and original appearance, an immortal. Moral: Before you make fun of people who appear to be crazy, consider the possibility that they might be immortals.

While before the seventeenth century lunatics were not stigmatized and governments did not make attempts to quarantine them, the situation changed after the Qing had established their rule over China. The new, non-Han dynasty was naturally concerned to restore law and order after the fall of the Ming. They instituted a sophisticated supervision system which included several law enforcement methods. A mandatory registration and confinement programme was introduced by which families had to report the illness of their insane relatives to the authorities and accept the measures taken by the officials. Thus gradually an illness was turned into deviance—insanity was criminalized. Now the legal experts had to try to define madness and mete out sentences to the “offenders”. In order not to change the time-honoured statutes of the Chinese law code, the Qing used the system of sub-statutes (*li*) as devised by Ming jurists. These were amendments which left the rule untouched but in case of doubt had precedence over the statute itself. We are in the lucky position of being able to follow the evaluation of madness in the Qing code by means of Xue Yunsheng’s *Duli cunyi* (Commentary on Qing law) and Nakamura Shigeo’s *Shindai keihô kenkyû* (Studies on Qing law). Both works indicate changes within the code and try to determine their exact dates. Why did the Qing authorities take madness so seriously and insist on using juridical means to deal with it? One reason may have been that dissidents might easily pretend to be insane to escape punishment. And as the dynasty was not Chinese, it faced resistance. On the whole, dealing with insanity was just one mosaic stone within the Qing law and order system. Cases show, however, that Qing laws were not callous, and jurists worked to improve the laws and to prevent injustice.

Since Karl Bûnger discussed the subject in *Studia Serica* (1950, 9: no. 2, pp. 1–16; ‘The punishment of lunatics and negligents according to classical Chinese law’), it has been debated whether the basic Chinese principle of not punishing lunatics for what they did was changed or just modified in its interpretation during Qing times. Erhard Rosner agrees with Ms Ng in a recent study (*Oriens extremus*, 1991, 34: 37–56) and gives additional evidence for the view that, in spite of the declared goal of the administration to deter dissimulation and guarantee security, the basic principle regarding insanity was maintained; the methods of evaluation and diagnosis became much more sophisticated, however. Ms Ng provides a detailed study of the subject, discusses many cases to support her views and gives a convincing interpretation of the conflicting views of medical and legal experts during the Qing dynasty. A pioneering work in social history.

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F. K. PROCHASKA, *Philanthropy and the hospitals of London: The King’s Fund 1897–1990*, Oxford, Clarendon Press, 1992, pp. xii, 308, illus., £35.00 (019–820266–0).

The author of a commissioned history has a difficult task of reconciling the understandable desire of the patron for an account which is celebratory and internal with a professional desire to develop some wider theme. The author may succeed in making general points which are of little interest to the institution, yet fail to reach a wider audience because of the apparently narrow focus of the book. The virtue of Prochaska’s book is that he has managed a reconciliation, providing a well-written and lucid account of the work of the King’s Fund and at the same time making original and provocative points about modern British society which should be widely debated.

The first of his general themes concerns the nature of the monarchy. There has recently been an attempt to explain the survival of the British monarchy by a conscious “invention of tradition” and the expansion of a ceremonial role to fill the vacuum of political decline. Prochaska’s argument is that the monarchy was more active, reaffirming its role through the voluntary movement. The creation of the Prince of Wales’s Hospital Fund for London marked the Diamond Jubilee of Victoria, and its change of name to the King’s Fund in 1902 was part of a “coronation gift” to the new

monarch. Rather than the monarchy retreating into a fabricated pomp and circumstance to mask a decline of political influence, it forged an alliance with voluntary organizations against the encroaching power of a collectivist state.

This connects with a second provocative thesis which runs through the book: Prochaska's account of the King's Fund is used to criticize historians such as Brian Abel-Smith who present the voluntary sector as inefficient and chaotic, with the obvious and desirable trend running towards a state-run, centralized system. Prochaska is rightly critical of such Whiggish accounts, and asserts the continued vitality of the voluntary sector which was destroyed less by its own inadequacies than by the collectivist tendencies of the Labour party in general and Aneurin Bevan, with his Welsh mind and distrust of the English class system, in particular. Prochaska leaves no doubt where his sympathies lie between Celtic collectivism and patrician voluntarism.

The attempt to redress the balance in favour of the voluntary sector is welcome, yet Prochaska is not completely fair to the opponents of voluntarism. He assumes that voluntarism was part of social consensus, the expansion of civil society alongside the state which led to stability through patterns of self-organization. Others are more cynical, viewing voluntary organizations as part of the attempt of urban elites to construct domination. For example, Dr Somerville Hastings in the Labour party memorandum of 1941 accepted that voluntary hospitals were strongly entrenched in the hearts of many members of the party, he warned that they were supported by the wealthy "as one link in the chain that makes the workers subservient to their privileged position". Prochaska ought to consider whether this more cynical and less idealistic view has any substance. Further, members of the Labour party such as Hastings were not attempting to create a monolithic state bureaucracy, and his objection to the war-time Emergency Medical Service was precisely that it was undemocratic and that "the consumers, i.e. the public, have no local or parliamentary control". Prochaska believes that collectivism was intrinsic to the Labour party, and that an alternative co-operative tradition was submerged. A different account is at least plausible: hostility to the voluntary hospitals was based upon their lack of democratic accountability; it was intended to create locally elected health authorities and to foster an active citizenship through the state. The aim was to have an active citizenry through membership of political parties and involvement in decision making on a day-to-day basis rather than occasionally through the ballot box. The virtues of local self-government were stressed, and the emergence of non-elected bodies such as regional hospital boards regretted by many in the Labour party, despite the greater efficiency of central control.

The ultimate defeat of the alternative of local authority control and elected health authorities cannot be understood simply in terms of an ideological commitment of Labour to collectivism; it had a much wider and more interesting explanation. There was, after all, as much of a division within the Conservative party over the virtues of local versus central control, with Chamberlain and Churchill fighting the same battle in the late 1920s as Morrison and Bevan in the late 1940s. The Conservatives have, if anything, been more destructive of local self-government, and Prochaska quotes Enoch Powell's criticism of the reorganization of 1974 as "the formal perfecting of the state monolith". The underlying reason, as he saw it, was the collapse of local government finance, and he had a point: it has been easier throughout the twentieth century to create central government institutions rather than to solve the knotty problems of the rates. Another Celt, David Lloyd George, had found how difficult it was to reform local government finance when he embarked on his land campaign; and his deal with the industrial insurance companies in 1911 had fatally weakened the voluntary impulse of the trade unions and friendly societies as providers of social services. The development of health services cannot be understood simply in terms of a virtuous voluntary sector challenged by the collectivism of the Labour party. After all, Clement Attlee had been a member of the Fund's Council and was President of Toynbee Hall, defending the "voluntary services which humanize our national life".

Prochaska develops a strong and provocative interpretation, which should lead to debate extending far beyond the King's Fund, and may even displace the Fund from the centre of attention. The focus on the "voluntary" or welfare monarchy arguably hides the fact that the crucial figures in the formation of the Fund were drawn from a particular segment of the financial world of the City, with strong imperial connections. The Fund was part of the social history of the *haute bourgeoisie* as well as the monarchy. At times, the actual impact of the Fund on the hospitals of London needs to be

## Book Reviews

treated more fully. Curiously, there is no table of the flow of donations and income, or of the structure of expenditure, so that the crucial role of the Fund as a distributor of grants is not easily grasped. It is not always clear why decisions were reached, and whether they were sensible. It is intriguing to learn, without elaboration, that the new consultant on hospital finance appointed in 1939 concluded that the Fund had “been imposing the wrong system for a generation”. Perhaps Bevan was, after all, justified in distrusting an organization whose College aimed to turn administrators into gentlemen who could meet consultants on equal terms.

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EDUARD SEIDLER, *Die medizinische Fakultät der Albert-Ludwigs-Universität Freiburg im Breisgau: Grundlagen und Entwicklungen*, Berlin, New York and London, Springer Verlag, 1991, pp. xv, 618, illus., DM 98.00 (3–540–53978–6).

In 1914 the German pathologist Ludwig Aschoff (1866–1942) asked the medical historian Paul Diepgen to write an official history of the Freiburg Medical Faculty. Diepgen, once Consultant Obstetrician and Gynaecologist at the Freiburg Loretto Hospital, was then Honorary Professor and Director of the Freiburg Seminar for History of Medicine. He was called to Berlin soon afterwards and could not finish his project. A second attempt to prepare a complete university history was made in 1957 for its 500th anniversary. Now Eduard Seidler has produced a fully comprehensive study of the Medical Faculty of the Albert Ludwig University Freiburg/Breisgau.

Freiburg University was established 1457 by the Austrian archduke Albrecht IV (1418–1463). Right from the beginning, the operation of the university was associated with the Habsburg administration. Seidler shows that the institution of the university was motivated by Austrian political needs for territorial and cultural expansion. His portrayal of the evolution of a medical faculty from a “*consortium doctorum eiusdem artis*” to the present complex university-wide structure is not simply a local study. Eduard Seidler consciously illustrates the wider social and political contemporary context alongside regional events. For example, he depicts the local medieval administration of the medical faculty and complements it with an explanatory excursion into the complexities of medieval urban and ecclesiastical administration.

Despite its length, the work is entertaining and didactically well presented. The volume also benefits from many illustrations. Particularly impressive are two lithographs by Carl Sandhaas (1801–1859) *Melancholia* and *Asthma* from a collection “*Krankenphysiognomik*” by K. H. Baumgaertner (first edition in 1839) which was intended for teaching purposes and depicted sixty-seven patients from various hospitals in Baden. Seidler has divided his volume into five parts. Part One embraces the developments from the foundation up to the Enlightenment and the French revolution. In 1805 Freiburg came under the rule of the Karl Friedrich Elector of Baden (1728–1811), which in 1806 came under the umbrella of the Rheinbund. The second Part concentrates on the early nineteenth century and offers detailed information on the Poliklinik, and the rise of “*Naturwissenschaftliche Medizin*” in Germany. Part Three portrays the late-nineteenth-century consolidation of the Faculty and illustrates parallel political developments in the wake of the First World War. Seidler does not shy away from a description of the university during the Third Reich. The extensive reorganization after the Second World War is dealt with in the final section, where he was able to rely on oral accounts of participants.

There are still gaps and missing links in his analysis of individuals and structures. I would have preferred more detail about the formation and institutionalization of various medical disciplines during the nineteenth century, and the transition in the early twentieth century which led to an expansion of established specialities. Similarly I would have liked to know more about the various ecclesiastical hospitals which continued to grow and prosper throughout the centuries alongside the medical faculty. They are still an established and integrated part of the German health care and education system. The author, however, expressed his awareness of such “shortcomings”, which are probably inevitable in view of the enormous time scale concerned.

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