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however, necessary to point out that Guillermand's discussion of eighteenth-century military medicine is largely confined to bureaucratic developments within France, and that even here his description of the shortcomings in the care of the sick and wounded in the Seven Years War (p. 422) glosses over the abominable mismanagement that killed off forty out of every hundred soldiers admitted to hospital (see L. Kennett, *The French armies in the Seven Years War*, Durham (North Carolina), 1967, pp. 132–136). We hear nothing of the work of Van Swieten and Brady in Theresian Austria, nor of the striving of Dr Fritze in the Prussia of Frederick the Great.

With these reservations, the first volume of *Histoire de la médecine aux armées* may be thoroughly recommended to anybody who has a passable command of French and a serious interest in military affairs and the history of medicine. The typography is well set out, and the many illustrations are effectively integrated with the text.

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PATRICE CUGNETTI, *L'Hôpital de Grenoble des origines à la fin du Second Empire (XII^{ème} siècle – 1870)*, Grenoble, Editions du Centre de Recherche d'Histoire Economique, Sociale et Institutionnelle, 1980, 2 vols., 8vo, pp. 865, [no price stated], (paperback).

This exhaustive and somewhat exhausting study proceeds in the classic fashion of the French doctoral thesis to “fill a void in local history”. The text is punctuated by numerous graphics, poorly reproduced and sometimes difficult to interpret. Drawing upon a massive bibliography comprising eighty pages of archival sources alone, Patrice Cugnetti delivers what he promises in his introduction: a systematic survey “more from the institutional than purely historical perspective” which is rich in data on administrative matters.

Cugnetti terminates the discussion of Grenoble hospital institutions with the demise of the Second Empire because he believes it is only after 1870 that profound structural changes begin to transform the hospital into something resembling its modern form. At the same time, he notes that many traditional attitudes persisted well into this century, notably the association of the French hospital with poverty. In 1926, a government circular still declared that hospitals were not intended for patients who could afford to pay for medical care.

Cugnetti distinguishes three broad chronological stages: from the medieval origins of the hospital to the end of the fifteenth century, from the sixteenth century to the end of the Old Regime, and from the French Revolution until 1870. During the first period, Grenoble hospitals were founded and supported by the charity of individual benefactors inspired by religious motives. Church administrative authority gradually yielded to secular administrators under the control of the municipality. The second period, particularly from the latter part of the seventeenth century, saw the imposition of royal direction, notably the unification of institutions for public assistance into the prison-like Hôpital Général, the establishment of the Charité, a progressive military teaching hospital run by monks, and a hardening and secularization of public attitudes toward charity now seen as a means of preserving social order.

French Revolutionary aspirations to make medical assistance a right of all citizens did not survive the constraints of a rising liberal economy. Under Napoleon, religious nursing orders returned to the hospitals from which they had been barred, and the nuns continued to be better trained than secular nurses until the end of the Second Empire. The law of 16 Vendémiaire, year V, returned the hospitals to municipal administration. During the nineteenth century, charity remained a principal source of revenue. Popular fears of hospitalization continued to be fuelled by the burial of the dead in common graves without shrouds or coffins, a practice which survived until mid-century.

Despite the mass of data provided, the reader is left largely on his own to contrast the general characteristics of the old-style hospital with its modern counterpart and to speculate about reasons for the shift to the latter. What seems to emerge from the Grenoble case study is the key significance of state financing, not only of hospitals, but of alternative institutions and mechanisms for public assistance and prevention of illness, thus permitting the modern hospital

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to become exclusively a medical institution focusing on curative procedures, and ultimately to expand its clientele to all levels of society. While large-scale involvement of medical men with hospitals doubtless preceded the administrative-institutional transformation of the latter (medical professionalization around the hospital clinic in France following the Revolution may have been one necessary condition for the late-nineteenth-century transformation of hospitals), Cugnetti's detailed study of the Grenoble instance confirms the lack of interaction between organized medicine (with the partial exception of surgeons) and hospitals during the Old Regime. The curious mélange of welfare and penal functions served by the old hospital is evidenced by the Grenoble Hôpital Général's rules concerning discipline. In the scale of punishment inflicted on troublesome patients, the most severe penalty – worse than solitary confinement or ceremonial humiliation – was to be exiled from the institution.

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RONALD L. NUMBERS (editor), *Compulsory health insurance. The continuing American debate*, Westport, Conn., and London, Greenwood Press, 1982, 8vo, pp. xv, 172, £21.95.

American schemes for National Health Insurance were formulated before the First World War and have been pushed, refined, and developed since then. But, aside from the stopgap measures of Medicare and Medicaid, nothing has been introduced to correspond to European and Canadian compulsory health insurance or socialized medicine.

This volume addresses topics in the history of efforts to provide politically acceptable health coverage and alleviate the financial disaster that illness can threaten for Americans. The virtue of this collection of symposium papers, originally presented at the University of Wisconsin-Madison, is the range of perspectives it offers. Ronald Numbers, writing as a social historian of medicine, analyses the view of physicians as they responded to “the specter of socialized medicine”, while Monte Poen, a political historian, introduces the delicate world of political expediencies that transformed Truman's lacklustre commitment to “compulsory” health insurance into only another weak strand leading towards Medicare.

The model of British National Health Insurance and the National Health Service has long been scrutinized suspiciously by Americans on both sides of the debate. Its clear weaknesses were made to appear formidable, and scurrilous tales of scandal and cheating were of great influence. This subject, which will be of particular interest to readers of this journal, is handled by Gary Land in a rather less subtle way than one might have expected from a cultural historian. Arthur Visel tear, on the other hand, discusses American attitudes and ideas linking insurance with public health in a very sensitive manner. Focusing on C.-E. A. Winslow, a public health champion of immense influence, Visel tear links two central debates in the organization of medicine during the period from the First World War to the particularly enlightened efforts of Henry Sigerist. Sigerist and Winslow suffered through the most crass form of red-baiting during the dark days of post-Second World War anti-communism, to the point where Winslow had to speak out against the abandonment of reason and attacks against “un-American art, and un-American music, and un-American science”.

Perhaps that extraordinary attitude has characterized many of the critics of health insurance, but Paul Starr, for one, believes that the long debate has brought the idea “from an idealistic youth to a kind of grim maturity”. Certainly, the recent proposals, championed by Edward Kennedy, Jimmy Carter, and their likes, have transformed the gleaming ideal of a healthy and more secure population into a technical dispute about the economics of cost containment.

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FRANCES FINNEGAN, *Poverty and prejudice. A study of Irish immigrants in York 1840–1875*, Cork University Press, 1983, 8vo, pp. x, 209, illus., Ir£15.00.

Frances Finnegan's study of Irish immigrants in York between 1840 and 1875 focuses on their demographic and occupational characteristics through quantitative analysis of census material. Whether the Irish were as antisocial as some contemporaries alleged is also subjected