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suffer in order to create: hence these authors' lives of migraine, strain, nervous collapse, obsessional overwork, and resort occasionally to alcohol and narcotics but chiefly to medical drugs which they dedicated themselves to. As Professor Williams stresses, they were all "sick men", their true illness being their post-Romantic conception of the artist's role.

But, second, Professor Williams is also concerned to chronicle his writers' medical histories, investigating family dispositions to nervous and paralytic disorders, and the dismal stories of their sufferings from prostration, hysterical and epileptic symptoms, and (especially with Jules de Goncourt and Maupassant) mental collapse – with much iatrogenic suffering *en route*. Above all, he shows in convincing medical and biographical detail that it is likely that the physical decay and death of each of them was hastened if not caused by the tertiary effects of syphilis (and that – although the chronic effects of syphilis were not then medically and scientifically understood – each had a moral-aesthetic grasp of how his own sexual complaints had been at the root of his "horror of life").

Professor Williams has written an absorbing book, marred in three respects. Structurally, five hermetically sealed chapters of biography do not make an integrated book. Tonally, Professor Williams's contempt for his subjects impedes our understanding of them. And there is almost no attempt to use the clinical reconstructions of the dismal lives of these writers as a beacon to illuminate their poetry and novels.

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MORRIS J. VOGEL, *The invention of the modern hospital: Boston, 1870–1930*, Chicago and London, University of Chicago Press, 1980, 8vo, pp. ix, 171, £9.30.

Morris Vogel presents a new style in hospital history, which turns away from the limited in-house productions of former years. Influenced by Charles E. Rosenberg, he attempts a history of an entire hospital community, set firmly in its city context. He traces the hospital from its medically and socially marginal pre-industrial position, serving only the sick poor within a framework of paternal stewardship, to its reformulation as a modern institution, central to the medical care of all classes.

Taking a historical approach which cannot allow such monolithic models as the operation of social control or market forces to be the sole explanations of change, Vogel explores the reasons for increasing popular interest in "going among strangers when ill". He treats a number of important themes in the crucial period 1870–1930, from patronage to patient makeup. Most governors of Boston's early hospitals came from the city's Brahmins, and the primary aim of their philanthropy was social rather than medical. Poor discipline, for example, could be a reason for the expulsion of a patient, however grave his or her condition. Boston's politicians secured increasing influence in the hospitals towards the end of the nineteenth century, and earmarked certain beds for their constituents. The criteria for selecting patients remained social, but different groups were now included. Instead of focusing on the indigenous needy poor of Boston, the hospitals began to admit more immigrants. The most marked change in patient class came after the introduction of scientific medicine, when the

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newly professionalizing medical men began to demand a greater say in the selection of “clinically interesting” rather than “socially appropriate” patients. The decline of the stigma of the hospital as a charity institution dates from this time, Vogel argues, and was spurred on by – and in turn encouraged by – the entry of paying middle-class patients.

The author also points to the movement of both lower and middle classes into lodging-houses and apartments, in which it seemed less appropriate to treat the sick. Just as the new form of urban life promoted the rise of laundries and restaurants, so too it stimulated the development of the hospitals for all classes and all ethnic groups. But patients’ payments could not cover the increasing expense of hospitals, nor did charity make up the difference. Vogel concludes by examining the relationship of the hospitals to the growth of insurance, which was to play such an important role in their massive expansion in the twentieth century.

Similar patterns to those described for Boston can be seen elsewhere, for example in London. Although the social advantage London’s wealthy saw in patronizing its hospitals was transformed into political capital in Boston, the greatest difference was probably the significance of ethnicity and prejudice. While London’s Irish were sometimes the butt of charges of “charity abuse”, they were not singled out nearly as much as Boston’s immigrants. In most American cities, too, ethnic hospitals played a central role in treating large percentages of the population. Boston’s Jewish hospitals served other immigrant groups as well. Such hospitals also helped to bring their medical staffs into the mainstream of the city’s otherwise forbidding medical establishment and rendered the entire community sensitive to the problems of immigration.

The extent to which Vogel’s study fits into the broader history of American hospitals will become more apparent when Charles Rosenberg’s forthcoming work is completed. To what extent, for example, did the intellectualist orientation of Boston’s élite physicians influence hospitals elsewhere? Apart from the lone pioneers which most institutions can present, how widely disseminated were the scientific concerns of the Bigelows and the Holmeses? What was the patient’s experience like elsewhere? Now that Vogel has placed the history of the Massachusetts General Hospital into the context of Boston, we are tempted to ask more about the place of Boston’s medicine in wider perspectives.

The author’s sources consist mostly of the annual reports of the Massachusetts General Hospital and the Boston City Hospital, supplemented by other materials from these and other city hospitals, and from medical journals and newspaper articles. He demonstrates the value of material which has formerly been underrated, but perhaps relies too much on writings which were produced for public consumption. Other forms of hospital records would have allowed him to penetrate further, beyond the public face of the institutions, and learn more about the intentions and procedures of staff and administrators, and the lives of the patients.

Vogel also tends to concentrate too exclusively on his two main hospitals. He does not pay sufficient attention to more minor hospitals, particularly specialist ones, which he inappropriately avoids. The book has not always survived its transformation from a dissertation. Occasionally, an interesting episode seems abruptly abbreviated,

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or quotes are paraphrased, losing the colour of the original event. The press itself must take the blame for rather disappointing production: besides many typographical errors, the print is strangely difficult to read.

However, Morris Vogel's book is, overall, very useful. He has successfully treated his topic as a social development, where patients and governors, local politicians and ethnic leaders, all take their place with medical men. In that, it is a refreshing piece of social history.

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JOSEP TRUETA, *Trueta: surgeon in war and peace*, translated by Amelia and Michael Stubell, London, Gollancz, 1980, 8vo, pp. 288, £9.95.

The memoirs of Josep Trueta (1897–1977) are in fact two books: above all, through the fate of the author and his family, the reader lives the Catalonian struggle for independence within the Spanish state as from 1900 until now. Second, he is introduced to important moments in two apparently completely different fields, i.e. in the history of treatment of war wounds and in research on renal circulation.

Trueta's outstanding surgical work during the Spanish Civil War made him known abroad. Love for Catalonia eventually drove him out of his home country. And it was in England that his endeavour to explain on experimental grounds his successes empirically obtained during his conflicts in Catalonia led him to a university chair, namely the then unique British chair of orthopaedics at Oxford. Trueta's five principles of war wounds and fractures have been accepted the world over ever since. His splendid physiological work on renal circulation brought about the concept of redistribution of blood flow, for instance in shock (Trueta's shunt). This implied important changes in patient care. Not unexpectedly, as is the case with many relevant discoveries, Trueta was involved in questions of priority. These are, however, played down in a most gentlemanly manner in this warm account of a courageous and generous life. Trueta emerges as a man aiming at enlarging knowledge scientifically, when circumstances were good. What is more, he never gave up his attempts to derive benefit for mankind even from the many situations of hardship in which he lived.

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EDMUND D. PELLEGRINO, *Humanism and the physician*, Knoxville, University of Tennessee Press, 1979, 8vo, pp. xiii, 248, \$15.50.

Is the unexamined medical life worth living? Is an unexamined medical education worth having? These are Socratic questions. Socrates, said Cicero, transferred philosophy "right into people's homes; and he compelled it to ask questions about how one ought to live and behave, and what is good and what is bad". Edmund Pellegrino, physician by training, founder and editor of the *Journal of Medicine and Philosophy*, former director of the Institute on Human Values in Medicine and President of the Catholic University, uses Cicero's description of Socrates to explain his own objectives in this book of sixteen short essays. These essays, most of which started out