

Book Reviews

dealing in the busy and practical world with such a wide range of opinions; and second, the closing of the gulf of misunderstanding between the reforming organizations and orthodox medicine. Neither of these is insuperable; but the third, the increasing spectre of malpractice, may be.

At all events, it is clear that histories of childbirth such as this one are not only motivated by, but essential ammunition for the reformers in both of the last two groups—although I would not be surprised if the most radical feminists find this book too balanced, too kind to the medical profession, in short, too scholarly for their liking. None of the above criticisms detracts from the fact that this study is a major and most valuable addition to our understanding of the complex factors which have affected decision-making in obstetric care over the past two hundred years.

Irvine Loudon
Wellcome Unit for the History of Medicine, Oxford

ANN G. CARMICHAEL, *Plague and the poor in Renaissance Florence*, Cambridge University Press, 1986, 8vo, pp. xv, 180, £22.50.

In this brief monograph, Dr Carmichael elaborates on her 1978 thesis, summarized in the *Bulletin of the History of Medicine* for 1983 (57: 508-525). Her purpose is to explain the plague legislation that Florence, like other Italian cities, promulgated in the second half of the fifteenth century. That legislation, she argues, should not simply be seen as part of a gradual evolution in plague control beginning in 1348. Nor can it be related to developments in “professional” medical thinking. Rather, it was a direct and justifiable response to the changed character of fifteenth-century epidemics, particularly the “minor plagues”. These seemed to be concentrated in the poorer areas of the city. They encouraged the notion that plague was spread by contagion, not miasma. They also confirmed the association of disease with poverty and disorder. Hence isolation hospitals, quarantine and health boards: plague control was social control. Stated so baldly, the theory is hardly novel. What is new is the subtle epidemiology adduced in its support. Dr Carmichael analyses the causes of death listed during epidemics by the Florentine Grain Office and the Physicians’ Guild in their Books of the Dead. She extracts more detail from these than did Herlihy and Klapisch-Zuber when studying the 1427 *catasto* (1978), and she marries the results to an array of modern medical research. Full weight is thus given to the range of infectious diseases that accompanied plague, with some of which it might easily have been confused. The suspicion remains, however, that much of this work is of more use to the general historian of disease than to the student of plague control. Even with the help of comparative Mantuan evidence, it is not clear how often genuine “diseases of the poor” were misdiagnosed as plague. Nor is it obvious that these diseases were all demographically significant. The Books of the Dead and the chronicles contain few references to them; while the clustering of deaths can be explained in terms of the normal ecology of plague more readily than Dr Carmichael supposes. She may, in any case, have overemphasized that clustering. It was not, of course, evident in major epidemics. And further study is needed to establish its extent during minor ones. To map epidemic mortality, Dr Carmichael uses the places of death recorded by the Grain Office uniquely in 1430, but she does so for only one quarter of the city, Santo Spirito. She ignores the quarter of San Giovanni where, on the evidence of her own statistics, both population and mortality were often higher. And she oddly refuses to draw on the 1427 *catasto* to enlarge the topographical evidence of the 1430 epidemic, and to provide information about the wealth and status of the sufferers. All this weakens Dr Carmichael’s argument that the plague legislation was empirically based on the pattern of the fifteenth-century epidemics. So it is a pity that her otherwise convincing description of the legislation itself explicitly leaves aside an “alternate explanation” [*sic*], which would attribute less significance to epidemics than to the changing configuration of urban poverty. A valuable, provocative, uneven book, then, which nicely complements other recent work on Renaissance Florence, such as Katherine Park’s study of the medical profession (1985) and the epidemic mortality statistics derived from the records of the Dowry fund by Alan S. Morison *et al.* (*American Journal of Public Health* 1985, 75: 528-35).

Peregrine Horden
All Souls College, Oxford