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constructed their asylum systems. Moreover, its subsequent history – overcrowding, inundation by the poor and unwanted, ever more visible therapeutic failure, and recurrent cycles of scandal and reform – mirrors that of the larger system to which it acted as midwife.

The story of its first hundred years has already been examined at length by Gerald Grob, in what is an unusually valuable and sophisticated study of a single institution, *The state and the mentally ill* (Chapel Hill, 1966). Regrettably, this is now out of print. The volume reviewed here, a collaborative effort involving more than a dozen contributors, purports to provide further insight into the hospital's complex history. One of Grob's own previously published summaries of a portion of his findings is reprinted, with minor modifications; and a further chapter, by Morrissey and Goldman, essays a brief overview of events between 1856 and 1968. While the latter provides a moderately useful chronological summary of this period, it lacks any real depth or analytical penetration and at a number of points degenerates into an overly diplomatic internal history.

In essence, however, these historical chapters are simply the prologue to what is intended to be the real meat of the book, a series of papers on various aspects of the rundown of the hospital in the 1960s and 1970s, coinciding with the establishment of new, community-based treatment programmes. Almost all these essays are produced by people who participated in designing and implementing the new policy, ranging from Worcester State Hospital's last physician-superintendent to directors of facilities which were supposed to take over some of the hospital's clientele and functions. The accounts they produce are predictably biased and self-justificatory in tone. Many of the essays are also barbarously written. The introductory chapter by the volume's editors, for example, is littered with phrases like "minimal defining characteristics", "boundary maintaining systems", "onputs, throughputs, and outputs", "reciprocal flows", and "interfaces"; and a subsequent chapter by Morrissey and Goldman leaves the reader drowning in a sea of acronyms: WSH, WACHMC, DON, UMMC, GWA, FTE, and so forth. The different bureaucratic positions of the individual authors at times lead them to hint (almost inadvertently) at some of the conflict and turmoil that inevitably marked attempts to break with the precedents of the previous century and a half, but such revealing glimpses beneath the surface are all too rare. For the most part, one is faced with a rather amorphous and thoroughly bland official version of what transpired, and accordingly, this is a volume of little enduring interest.

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ANDREW W. RUSSELL (editor), *The town and state physician in Europe from the Middle Ages to the Enlightenment* (Wolfenbütteler Forschungen, Band 17), Wolfenbüttel, Herzog August Bibliothek, 1981, 8vo, pp. 156, illus., DM.42.00 (paperback).

This volume of papers given at a conference in September 1979, jointly organized by the Society for the Social History of Medicine and the Research Programme of the Herzog August Bibliothek at Wolfenbüttel, contains survey essays on the relations between doctors and state and municipal authorities in classical antiquity and medieval Italy, in the medieval Islamic world, and in early modern Italy, Spain, France, Germany, Hungary, and Switzerland. Although few of these essays incorporate substantial finds of hitherto unknown archival material, collectively they serve a valuable function in surveying and summarizing what are often the highly disparate researches of urban and administrative historians, local antiquarians, and town chroniclers, as well as medical historians, and doing so with a wisely sceptical eye. Various of the authors critically point out the dangers of premature and false inference, often made for patriotic reasons (scraps of evidence that one or more physicians in a region were referred to as *medici condotti* do not automatically prove the existence of an established office of medical officer of health within a scheme of medical provision or supervision). We are rightly warned of the dangers of anachronism. We must not read the high bureaucratic ideals (or desires for social control) of Enlightenment medical police theory back into the charges of

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medieval Italian town physicians, who, initially at least, had no duties of supervising and licensing subordinate practitioners, such as pharmacists, and no remit for inspecting public hygiene (unlike the office of the *hisba* within Islam, as shown by Ghada Karmi). Indeed, the drift of the articles by Vivian Nutton and Richard Palmer is that there is almost an *inverse* relationship between medical presence and town appointments. In centres where physicians were lacking, a post, a salary, a tax immunity, would lure a recruit (and aim, rather futilely, to tie him to his post during epidemics and plague). Once, in the late Middle Ages, physicians swelled in numbers, market forces could be left to do their own work. Indeed, one of the most interesting findings of these essays on Italy, and Toby Gelfand's piece on Paris-trained surgeons in Southern France in the reign of Louis XV, is the relative abundance of well-trained medical personnel (180 in Milan by the early fourteenth century).

These papers (which unfortunately abound with printers' errors) tell us much about how medical men became woven into the fabric of official life from the Middle Ages, perhaps particularly because of the urban imperative to handle epidemics as part of public policy rather than leaving them, like other sickness, to private prudence and philanthropy. They suggest three further areas for research and analysis here little dwelt upon. First, comparison with other parallel areas of doctor-state involvement, e.g. military medicine. Second, analysis of tensions within the emergent medical practitioners between their profile as public servants and their self-image as an independent, corporate, collegiate liberal profession. And third, the chronological outcome: how did the *ad hoc* traditions of town appointments discussed here relate to cameralist philosophies of medical police developed under Enlightened Absolutism? Manfred Stürzbecher in his essay on German-speaking countries concludes that the progression of town doctors to becoming "government officials" was "still incomplete" at the end of the eighteenth century (p. 127). It is a transition which would make an important further study.

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MARY BRECKENRIDGE, *Wide neighborhoods. A story of the Frontier Nursing Service*, Lexington, University Press of Kentucky, 1981, 8vo, pp. xx, 371, illus., \$19.50 (\$8.00 paperback).

Even in the late 1920s, with its remoteness and inaccessibility, the Frontier Nursing Service of Kentucky had a steady stream of visitors and enquiries. Its intrepid nurse-midwives, travelling by horseback, struggling against the elements and against the abject poverty of the mountain people, captured imaginations. A network of trustees helped to publicize the service, numerous articles were written, there was more than one book and even a film about it. But this, the autobiography of the founder, is the most important document. First published in 1952, the new edition contains a foreword by an early participant and an afterword by Dale Deaton, the current Director of Development.

There are insights about her early years and an absorbing account of relief work after 1918 in France, but Mary Breckenridge is at her best writing of Kentucky itself. The stories of the individual patients and of the trials of building the outposts are vivid and memorable. One learns much besides about the nature of American philanthropy as well as about that seemingly distinctive American blend of health and welfare perspectives which gives a knowledge of and concern with the local economy. This is to say nothing of the physical and moral courage of the woman, her leadership, and her faith, which are inspiring throughout.

This book will deservedly be read as a tale of adventure and the story of a woman of stature. But, thirty years on, what more does it offer? Dale Deaton's final remarks link the nurse-midwife to the modern family practitioner. But it is questionable how far the concept of the nurse-midwife survives in the federal-aided programmes of today. With her first-hand experience of Europe and the U.S.A., Mary Breckenridge was convinced that France had