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*Hospital Life: Theory and Practice from the Medieval to the Modern* edited  
by Laurinda Abreu and Sally Sheard

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The hospital is, notoriously to scholars of its history, an institution as protean as it is durable. These characteristics render it challenging to construct comparative studies of the hospital as institution, let alone of the hospitals' institutional life. The goal of the present volume is to facilitate new insights by juxtaposing studies which cumulatively cover an unusual geographical, chronological, and thematic scope. Given the wide range of topics treated, a more substantial apparatus might be desirable in individual articles to help the non-specialist reader see how contributions fit into or fill gaps in the existing literature. Collectively, however, the essays reveal continuities in the types of problems and questions encountered in the management of hospital communities. Furthermore, they illustrate how diverse aspects of hospital life—financial, ideological, and administrative—are interconnected in ways often neglected by studies without such a vigorously interdisciplinary approach. Diverse source bases and methodological approaches are utilized in approaching the central question of how quotidian routines in hospital life were shaped by, or diverged from, theories of care.

The articles are arranged chronologically but resist the temptation to strict periodization, which can be more misleading than helpful in the study of hospital development. Christopher Bonfield, in 'Therapeutic Regimens for Bodily Health in Medieval English Hospitals', makes the important point that it may be anachronistic to distinguish between care and cure when evaluating pre-modern hospitals. Drawing principally on the records of three urban English hospitals in the 14th through 16th centuries, Bonfield probes hospitals' food purchases and practices of laundering for connections to medieval medical theories of nourishment, humoral balance, and how disease was communicated or ameliorated. Worth noting is Bonfield's demonstration

that similar practices existed for leprosaria as for other hospitals (*contra* the durable claim, echoed even in this study's introduction, that medieval attitudes towards leprosy resulted in the creation of distinctive institutions for the disease's care.) Direct evidence for hospital policies' being inspired by medical theory remains elusive; but Bonfield's unusual approach of comparing documents of medieval hospital practice with relevant texts on classical medical theory provides an interesting model for further study.

Hospital accounts also provide the data source for Fritz Dross' 'Their Daily Bread: Managing Hospital Finances in Early Modern Germany'. Extrapolating from two years of Düsseldorf's hospital records from the mid-16th century, Dross reconstructs the considerable commitment of time, effort, and logistical management required for the fiscal management of an early modern hospital. Based on this, he asserts that the diligence of hospital masters in management may be taken as indicative of concern for the continued welfare of the patients, as economic policies would have a direct effect on the services available to the sick. This approach contrasts with many case studies on late medieval and early modern hospitals which have considered economics in isolation from questions of hospital care or have even interpreted such worldly preoccupations as distracting from the work of charity. Dross convincingly argues that the two were perceived by hospital administrators as inseparable and should be so treated by scholars.

The rich Florentine evidence from the latter half of the 16th century enables Sharon Strocchia ('Caring for the "Incurable" in Renaissance Pox Hospitals') to examine not only the formation and function of a hospital community but also the gendering of this community and work. Strocchia offers a salutary reminder of the intensity of staff labor in the pre-modern hospital: female nurses not only worked hard but were trusted with diagnosis and treatment. The advantages of this steady and well-regarded work are highlighted by the gender imbalance among the pox patients: a striking number of adolescent girls is suggestive of patterns of coercive sex in the urban environment. The hospital where they were cared for was viewed favorably both by charitable groups and state officials. Strocchia suggests that the legal status of hospital staff was still ambiguously religious despite the increasingly strict regulations of canon law, a matter which would merit further investigation.

Jon Arrizabalaga, working with evidence from late 15th-century Iberia, also sees hospital foundations as being influenced by late medieval canon law, as

well as, increasingly, by the efforts of the state at top-down control. ‘Medical Theory and Surgical Practice: Coping with the French Disease in Early Renaissance Portugal and Spain’ draws primarily on a surgical treatise. Ruy de Diaz’ treatise asserts that theory may be inferior to experience in enabling accurate diagnosis but also deplors the widespread ignorance of theory by professional but non-learned surgeons like himself. In practice, both medical and state responses to the pox were influenced by the perception of the disease as a public health threat.

Similarly concerned with the piecemeal professionalization of medical care, is Laurinda Abreu’s ‘Training Health Professionals at the Hospital de Todos os Santos, Lisbon (1500–1800)’, which raises interesting questions about how processes of professionalization were perceived by contemporaries. The temporal scope of the essay threatens to overwhelm the reader but Abreu argues for substantial continuities despite fluctuations in policy. Contentiously, Abreu describes processes of defining and organizing medical professions as only beginning in the 16th century. Physicians could be trained through a university course or a system of apprenticeship. While some complained about the insufficient respect afforded to those trained as apprentices, this seems not to have deterred aspiring professionals themselves. Hospital officials complained about excessive bleeding by apprentices looking for work and about the entry of non-affiliated barbers and bleeders with ‘inappropriate tools’. It is unclear whether such persons were solicited by patients or acting on entrepreneurial initiative. Efforts at state control of the hospital in Lisbon were ongoing but mostly unsuccessful during the period under study. Abreu concludes that, unlike its counterpart in Paris, the Lisbon hospital was not a beacon of modernity. The application of this category is perhaps inevitably problematic.

Jacqueline Belmas, in ‘Patient Care at Les Invalides, 1670-1791’, also confronts the challenge of categorizing modern hospital care. Belmas argues that Les Invalides was innovative in its architectural specificity—designed as a place of care—as well as its staffing and regulations, serving as a model for other hospitals where clinical medicine would gain hold over the course of the 18th century. Some of Belmas’ claimed ‘firsts’ are in need of clearer definition since hospitals were architecturally designed as places of care, albeit with different understandings of what was necessary to that care, throughout the Middle Ages. Les Invalides, like European hospitals in pre-

ceding centuries, still centered around a chapel for hearing Mass. The triad of doctor, surgeon, and dispenser points towards new models of practicing medicine. The close connection of nuns to the latter office, however, as well as the bylaws governing the behavior of staff and patients alike, suggest that old modes of practice persisted despite novelty in theories of hospital life.

Another encounter between recognizably modern practices and older structures of hospital administration is presented in Anne Løkke's 'Conspicuous Consumption: Lying in in Denmark'. In the Royal Lying-In Hospital of Copenhagen, patients received differentiated treatment according to a pay scale which was in turn determined by social status, a practice familiar from the later Middle Ages onwards. Responding to a debate which is incompletely sketched here, Løkke argues that this pattern acted as a barrier to the spread of infectious disease, especially puerperal fever. This runs counter to the dominant theory that the elite of Copenhagen stayed away from the hospital because of outbreaks of fever. In two generations of hospital management, the son's preventative measures against contagion appear to have been less stringent than his father's, a salutary warning against assumptions of linear progress.

In 'Management and Therapeutic Regimes in Lunatic Asylums', John Chircop offers a fascinating analysis of the permeable boundaries between hospitals and their surrounding communities in 19th-century Malta and Corfu, as well as of the disjuncture between theory and practice. In Chircop's assessment, Foucault's theory of confinement and isolation fits colonial intentions for the administration of early modern insane asylums but not the realities of those makeshift institutions. Whether a family diagnosed one of its members as insane or accepted that diagnosis as given by doctors was often dependent on whether the patient's contributions to the household economy were vital. Although neither of the institutions which Chircop studies were in buildings designed as hospitals, they were both placed in the suburban locations outside gates common to leprosaria in the Middle Ages. Chircop points to the liminality of this position as potential material for further study. A mid-century turn towards providing better diet and lodging for asylum patients was inspired not by medical theory but by a shift in social rhetoric which refigured the insane as 'unhappy and afflicted' rather than as society's undesirables.

Intersections of moral and medical theory are also examined in Andrea Tanner and Sue Hawkins' 'Myth, Marketing, and Medicine: Life in British Children's Hospitals 1850–1914', through analyzing patterns of admission and diagnosis for the three non-specialized children's hospitals of Great Britain during the period under study. The creation of such institutions was driven by the perception that lower class lack of hygiene and 'proper' care in a variety of forms were likely causes of disease. Donors were solicited for enterprises which thus aimed to rescue children from 'unsuitable' environments and to provide moral training as well as physical care. This mission, of a kind more often associated with pre-modern hospitals, appears to have been a source of friction in Victorian children's hospitals. Family visits were strictly limited, while donors were often shown over the wards, to the irritation of staff. Tanner and Hawkins conclude that visitation rules were predicated on concern about moral as much as physical hygiene and on an association of germs with the lower classes that was anecdotal rather than based on medical evidence.

Stephen C. Kenny, in 'Slavery, Southern Medicine, and the American Slave Hospital Regime, 1830–1860', focuses on the urban hospitals of antebellum Atlanta, mining the difficult source base of propagandizing hospital correspondence, together with racially freighted medical and pseudo-medical articles. He argues vigorously that racialized medical theory and the widespread view of black patients as chattel were key determinants of hospital regimen. Kenny demonstrates that adequate medical care was anything but a commonplace on plantations and that urban hospitals were a necessary component of such treatment as slaves were given (or subjected to). Medical students and professionals alike were attracted to work in slave hospitals because they were able to carry out risky procedures without fear of repercussion. This raises the question, which Kenny does not fully explore, of tensions between the racialized discourse of treatment and the fact that treatment at the Atlanta hospital was performed for the same fees as hospitals for white patients, and influenced by cutting-edge European models.

The last two articles in the collection deal with changes in hospital practice in the postwar period, focusing on British evidence. David Theodore, in 'The Fattest Possible Nurse: Architecture, Computers, and Postwar Nursing', makes a convincing case for the importance of hospital design in such transformations. Efficiency studies and, Theodore argues, computer-based

thinking, led to redesigning nurses' routines. This took place in designs which depersonalized the nurses themselves, who are visible in plans only as the movement of supplies and the performance of certain tasks. At the same time as these developments in design, nurses were made responsible for the computerization of hospital information, a task gendered as similar to typing. In these initiatives Theodore sees not only a response to financial constraints but a component in the lamented devaluation of care itself in postwar hospital treatment.

Sally Sheard, in 'Getting Better Faster: Convalescence and Length of Stay in British and US Hospitals', takes up this theme in her discussion of convalescence. Convalescence, she argues, has been neglected both as a topic of research and as a distinct phase of medical care. Although late 19th-century research on convalescence was slow to be implemented, the World Wars provided impetus for seeking to make the process of convalescence both swifter and more complete. Convalescent homes expanded considerably during the interwar period but the privations of WWII resulted in the closure of many. At many such facilities medical care was not offered explicitly and so it was difficult to justify their inclusion in the NHS system. Subsequently, research on convalescence as a distinct phase necessitating care has been neglected, with, Sheard argues, negative effects on the longterm efficiency of hospital care. Sheard gives a vigorous apologia for reassessing the recovery process, viewing hospital life as a phase of social life rather than a separate and parallel existence.

As the rest of the articles in this collection demonstrate, the ways in which hospital life functioned as a social 'phase' have varied considerably according to region, period, and institutional mission. While hospitals have often functioned as largely self-contained communities, they have done so while affected by their cultural environments, pressures of economic necessity, and theories of public and individual welfare. Many of the studies' most useful insights come from exploring how hospitals were affected by the societies which created them and by their conceptions of class, gender, and race, as well as their ideals of hospital treatment. The methodological creativity shown in illuminating the rationales as well as the routines of hospital life is not the least of the volume's merits and should provide stimulation for further study as well as for fruitful discussion.