



BOOKS: HISTORY OF MEDICINE

Curing and Caring—The Long View

John V. Pickstone

Hospitals provide endless drama for TV, films, and novels; but hospital histories are often dry accounts of institutional developments. Professional medical historians now favor micro-studies of the politics of knowledge; grand surveys (Plato to NATO) have become unfashionable. But in *Mending Bodies, Saving Souls* Guenter Risse presents a bumper history of hospitals that overrides all the stereotypes and illuminates the whole of medical history.

Risse's format is that of the TV series—a series of episodes. Each chapter is built around an institution or two characteristic of their time (and place). These examples are chosen to allow full use of patient-records, so the human drama can be kept center stage. But Risse is also master of a huge range of modern scholarship, so each drama is fully contextualized and the differences between the scenes are fully explored. *Mending Bodies, Saving Souls* is an astonishing achievement, and the author's coverage over space and time is awe-inspiring.

In the preface, Risse relates his own half-century of engagement with hospitals. Growing up and studying medicine in Buenos Aires, he experienced a remarkable range of institutions, which echoed the history of European colonizers and reflected the religious, social, and ethnic divisions of the city. From ancient Catholic hospices to modern facilities for the German community, from tuberculosis asylums to frantic municipal emergency services, there stretched a range of experiences that served Risse well when he turned from medicine to its history and when he traveled the Western world, in the present and in the past.

Risse's experience of Europe is mostly historical (he is best known for his studies of medicine in 18th-century Edinburgh and 19th-century Germany), but he uses to good effect the literature on Revolutionary Paris and on Victorian London. His experience of North American medicine—as a

historian working with medical students and hospital staff in Wisconsin and San Francisco and as a visitor to Baltimore and Buffalo—combines the historical with the contemporary. He reconstructs the treatment of typhoid patients at Johns Hopkins Hospital circa 1890, car accident victims at Madison General in the 1930s, and heart attacks at Buffalo's Mercy Hospital after World War II. For the near present, he reports on kidney transplants at the University of California's Moffitt Hospital and on AIDS at San Francisco General.

Most historians, even those of large intellectual ambition, would have been content to consider the span from the Enlightenment to the present. But the religious asylums of Argentina have pushed Risse's attention further back. In the first two chapters, he covers Greek healing temples, the care of Roman soldiers, early Christian attitudes, and medieval monasteries. In the next two he discusses Constantinople, the Jerusalem of the pilgrims, and the leper-houses and pest-houses intended to protect early modern Europe against plague.

By including these early episodes, Risse goes beyond the usual chronologies of the rise of medicine. He focuses on the social, moral, and religious functions of hospitals, topics easily neglected in histories of the last few centuries. These concerns echo throughout the book—especially through the last chapter (on AIDS), where the failure of medicine to cure the disease highlights the age-old need for a collective that will care.

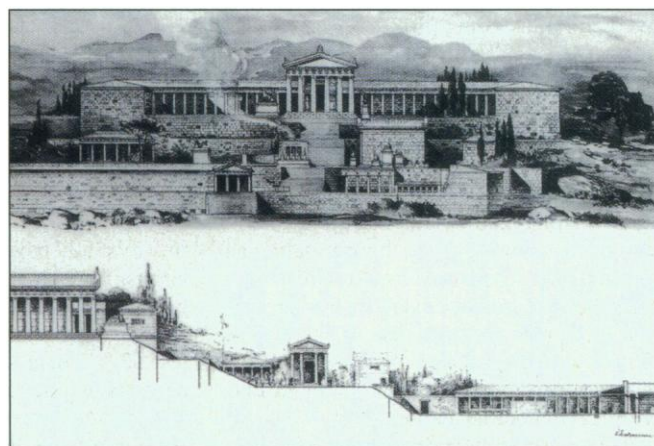
The century beginning circa 1870 witnessed an explosion in the number of hospitals. Some were doctor-dominated from their origins. Others were initially intended for the indigent, for isolation of the contagious, or to promote peculiar regimens, but these also became increasingly

technical. Over the last quarter century this “medicalization” of general hospitals has been further concentrated in two ways: one familiar, one novel. Continuing a long-established trend, technologies at the core of the hospital have become ever more intense. In the recent past, however, many less intensive medical procedures have been displaced from hospitals to cheaper sites and many of the “community hospitals” that provided such services have closed.

For precedent here, it is cautionary to look to the one kind of hospital Risse does not discuss, the psychiatric asylum, and to consider its decline since the early 1960s. There are many good reasons for preferring “community care” when “community” is more than an excuse for cutting costs. But as psychiatric medicine has shown rather clearly, it is far too easy for public authorities to avoid investment in nonresidential care. Undue burdens then fall on unpaid “care-givers,” and patients without family security can be left very vulnerable.

Mending Bodies, Saving Souls, especially in its discussion of kidney patients, highlights the need for “healing communities” even in high-tech medicine; it lends historical perspective to such recent renewals of institutional community as AIDS wards and hospices for the dying. In stressing the continuities between the

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505523-3.



Temple of healing. Asclepieion on the Greek island of Cos (presumably the home of Hippocrates) in the second century B.C.

physical and the moral, the individual and the social, Risse reminds us that the sick in hospitals often have needed community as much as they have needed medicine. Thus he forces us to confront the massive discrepancies in resources and intelligence that those two needs have attracted in our lifetimes. So much effort to developing technical remedies, yet so little to building communities that might help heal—or prevent—the sickness.

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