

contested all over the world by governments, health-care organisations and consumers. Professions are constantly changing social groups that actively redefine themselves as circumstances alter. This alone, in my opinion, makes them a subject of ongoing interest for research. Because there is now a greater acceptance of crossing disciplinary boundaries, sociologists' concerns with professional ideals and culture can stand beside historians' particularistic accounts of professionalism in furthering this field of inquiry. The multi-disciplinary future of research on professions promises much to Burnham, and to me. His own contribution should help stimulate further interest in the topic.

Jenny M. Lewis
University of Melbourne

Mending Bodies, Saving Souls: A History of Hospitals. By Guenter B. Risse (Oxford University Press, 1999, hard back, \$US39.95 [Amazon]. ISBN 0-19-505523-3. 713)

Guenter Risse's life's work has gone into this massive history of the hospital in the West. It stands besides Roy Porter's history of medicine, *The Greatest Benefit to Mankind*, yet in many ways is a more profound and accomplished work. It is certainly more original and takes greater risks both in its conception and its execution. Risse has set himself four tasks: the first is a history of the institutions we think of today as hospitals, that is, places which care for the sick and, when possible, cure them; the second is a history of the medicine practised in those places over time; the third is a history of the experience of being a patient in such a place; and, finally, it is a history of the notions of care and cure both of the body and the soul. Clearly these are four very large tasks, extended over a passage of historical time from ancient Greece to the present day, which are intimately connected with the history of religion in both the Pagan and the Christian worlds and which encompass a complex history of medical understandings and practices.

Risse presented himself with a difficult problem of structure

and narrative mode, which he has solved by grounding each critical historical period in a case study of a particular patient undergoing treatment in a particular hospital at a particular time. We begin in the places of care that evolved in the ancient Greek temple. We progress to the exploration of Christian hospitality and care of the sick in the Byzantine world, and then come to the lazar houses and asylums. Enlightenment inquiry and medicine take us first to Edinburgh and its infirmary, and then to the great Charites and the birth of the clinic. This is followed by the work of Lister and the rise of modern surgery on both sides of the Atlantic. The next chapter, on the limits of medical science, looks at cholera in the 1890s and the hospitals of Baltimore (Johns Hopkins) and Hamburg. The study of the twentieth-century hospital begins in the 1930s at Madison, Wisconsin, a hospital the author himself has worked in.

Risse is the physician-historian *par excellence*. His eye for detail is both that of the working physician who has struggled to practise good medicine in hospitals in Argentina and the United States; in poor and rich hospitals; in Catholic and secular hospitals; and in private and public hospitals. But his sense of detail is also that of the historian, and we can smell the cholera wards, hear the coughing of the tubercular, and feel the rough bedclothes and scratchings of the straw palliasses. His physician's eye rehearses the difficulties of stiff catheters, clumsy instruments, and a shortage of water and dressings. The patients' complaints and the therapies are described with powerful clinical realism.

His other strength is that he is deeply rooted in the Catholic tradition and the history is equally one of the theology of care for the sick in the West. This comes as a welcome balance to the histories of care and medicine which themselves remain products of the Enlightenment and rationalism. If English and Scottish hospitals were remarkable for their secularism, the European hospital, even in revolutionary France, was pervaded with Catholic understandings of charity and care. The modern hospital, however, was transformed by the possibilities of intervention in the processes of disease and death. As Charles Rosenberg has argued, medical innovation of itself has been a major driver of change in the history of hospitals. However much we may wish to explore the hospital as an institution of social control and containment, its role in accelerating the

expansion of clinical medicine and medical science has been more significant.

The other great force in the history of the modern hospital has been money: the hospital as a tool of medical wealth-building; the charity hospital as mendicant on the public weal; the teaching hospital as a contributor to university and research prestige; and the research hospital as a cutting edge of innovation and discovery. The great moral and political questions that trouble and divide first-world countries centre on the hospital: how big the public purse needs to be, and how effective the social safety net, depend very much on the financial drain created by hi-tech modern medicine.

Perhaps even the United States will be unable to afford the modern hospital of 2020. When medicine can do so much to prolong life—despite failing kidneys, hearts, livers and brains—the costs of such care are prohibitive for all but the rich. Meanwhile, ordinary hospitals have to care for ordinary people despite shortages of nurses and equipment, blood and drugs. The answer seems to be the hospital as ‘service-station’ where you stay briefly for procedures and then recover at home. But the hospital in the West emerged as a place for the care, both physical and spiritual, of the homeless on their inevitable journey to their Maker. And as the divide between rich and poor widens again in the first world, the charity hospital remains a necessity as does the value of the critical intellectual mass of clinical and scientific expertise concentrated in teaching hospitals in particular.

But the hospital in a secular age also contains a paradox. The care of strangers is a difficult moral task once it is detached from a spiritual duty. Susan Reverby has written a history of nursing around just this paradox, whereby nursing is a profession that is ‘ordered to care’ by ‘a society which refuses to value caring’. The questions raised by Guenter Risse’s history of the hospital are those we must confront if we are to salvage our public hospital systems in the twenty-first century. And he concludes his great history with a reflection on the continuing need for spiritual health, both for those who suffer and those who dedicate their lives to the relief of suffering.

Janet McCalman
University of Melbourne