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historians' interest in death has been highly selective. None has yet given us a broad survey, grounded in the history of ideas, of how the medical profession's attitudes towards death and the treatment of the dying has been congruent with or divergent from those of other educated and professional groups such as judges and priests. Moreover, we also know little about how the practical and ethical problems of caring for and treating the dying have shaped doctors' beliefs on this issue. All such questions have major contemporary resonances in this age of spare-part surgery and life-support systems, with their attendant ethical dilemmas. It is an area where medical historians ought not to be caught napping and allow their clothes to be stolen by social historians and historians of ideas.

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"PROFESSIONALIZING MODERN MEDICINE" IN FRENCH HOSPITALS

TOBY GELFAND, *Professionalizing modern medicine. Paris surgeons and medical science and institutions in the eighteenth century*, Westport, Conn., and London, Greenwood Press, 1980, 8vo, pp. xviii, 271, [no price stated].

I

A revised version has recently appeared, in the handsomely-produced "Contributions in Medical History" series published by the Greenwood Press, of the doctoral thesis of Toby Gelfand, available since 1974 in University Microfilms edition, and now entitled *Professionalizing modern medicine. Paris surgeons and medical science and institutions in the eighteenth century*. It will be warmly welcomed by a wide readership on a number of counts. First, it substantially enriches our knowledge of the organization of French surgery in the last century of the *ancien régime*. Second, it provides a more thorough account than has appeared before of the contribution of Paris surgeons to the institutional reorganization of French medicine in the Revolutionary decade – when the bases of the development of scientific medicine in early nineteenth-century France were laid, notably by the amalgamation of physicians and surgeons into a single category of doctors, and by the accompanying creation of three *écoles de santé* – in Paris, Montpellier, and Strasbourg – which for the first time were to orientate medical teaching around clinical instruction. Third, Dr. Gelfand's work holds out some hope of bridging the gap which seems to exist between the enthusiastic followers of Michel Foucault – whose *Naissance de la clinique* remains intellectually the most challenging account of France's "medical revolution" – and those suspicious of Foucault's message and his methods of writing history.¹

¹ M. Foucault, *Naissance de la clinique*, 2nd ed., Paris, Presses Universitaires de France, 1972. Also available in English translation as *The birth of the clinic*, London, Tavistock, 1973. For a recent example of the hostility provoked by Foucault's work, see G. S. Rousseau's comments in G. S. Rousseau and R. Porter (editors), *The Ferment of knowledge. Studies in the historiography of eighteenth-century science*, Cambridge University Press, 1980, p. 183 ff.

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These valuable features of Gelfand's work are formally encased within an overarching thesis to the effect that the organizational changes of the late eighteenth century signified the "professionalization" of medicine, a century in advance of the period when sociologists of the professions usually maintain that the medical profession emerged in its modern form. Dr. Gelfand's case is, however, not pursued very far – thankfully, for it raises all manner of arid definitional problems, and leads on into the murky waters of modernization theory. The comparison between late eighteenth- and late nineteenth-century changes is not developed far, and indeed there is very little discussion of nineteenth-century medicine at all. On the whole, Gelfand accepts Foucault's general account of the medical "mutation" of the late eighteenth century, and so the touchstone of "professionalization" becomes the orientation of medical practitioners – educationally, institutionally, epistemologically – around the hospital clinic. Whatever the first half of his book's title may suggest, then, this remains essentially a study of the organization of surgery in the eighteenth century, its impact on medicine, and more specifically its contribution to the "birth of the clinic".

Eighteenth-century physicians contributed surprisingly little, according to Gelfand, to the "professionalization" of medicine, if we can agree to call it that. He presents us with a picture of the Paris medical faculty crustily sniping at all and sundry, stuffed brimful of periwigged primadonnas collectively stewing in their own scholastic juices. How could such men have produced a "medical revolution"? They didn't, replies Gelfand – whose generally dismissive view of the state of eighteenth-century medicine contrasts with the much more positive picture presented by M. J. Imbault-Huart in her recent work on medical and surgical education in the eighteenth century:² it was largely the achievement of the surgeons, and in particular the Paris surgeons, a group of men of enterprise, vim, and ambition. Royal patronage permitted their institutional base, the College of Surgery, to become a sound and effective instrument of their corporate autonomy. And as they progressively distanced themselves from the medical faculty – the foundation of the Academy of Surgery in 1731 helped in this – they were able to raise both their social status and their educational levels. Their development of an *école pratique* for dissections by students (1750) and a small teaching hospital (1774) marked the emergence of "new associations between profession, school and hospital" (p. 83) which clearly prefigured events in the 1790s. Also important in this were the growing responsibilities which Gelfand depicts the surgeons assuming within the Parisian hospitals, and in particular in the Hôtel-Dieu, the capital's major hospital for the sick. Whereas attendance at a hospital was for medical students a privilege, for full physicians a chore – and for both groups, Gelfand suggests, something of a rarity – Paris surgeons maintained a permanent presence in the hospitals, where surgical novices were given invaluable training. If by the end of the *ancien régime* a number of physicians were calling for clinical instruction in medical education, it was very largely, Gelfand suggests, because they had seen the Paris surgeons' light. If, when wishing to convince their fellows of the need for medical reform, they eschewed mentioning the advances made by the surgeons, and instead invoked

² M. J. Imbault-Huart, *L'école pratique de dissection de Paris de 1750 à 1822, ou l'influence du concept de médecine pratique et de médecine d'observation dans l'enseignement médico-chirurgical au XVIIIe siècle et au début du XIXe siècle*, Lille, 1975.

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the examples of Vienna and Edinburgh (pp. 176–177), this was because it was more politic to trigger off a jingoistic response than to hit the tender nerve of age-old contempt for and rivalry with the surgeons.

Dr. Gelfand's concentration on Paris makes France's surgeons emerge in glowing colours. There are real dangers, however, in having French surgery "epitomized" (p. xi) by the Paris surgeons. If one hesitates to call the history of Paris "local history"(!), Gelfand's book is still a case study. Whatever the strategic importance of the Paris surgeons to developments later in the century, their experience was far from representative.³ The educational attainments and social graces of the surgeons of the capital may have been rising over the century, but most of the country's 40,000 barber-surgeons still owed most of their livelihood to practising as barbers. By resisting the ambitions of the Paris surgeons, therefore, the Paris medical faculty – which was itself only one of nearly a score of faculties – acted not only out of obscurantism and self-interest, but also out of a feeling that the academic high-flyers of the capital were only the thin end of a rather crude and cloddish wedge.

One may suspect a certain amount of overdrawn in Gelfand's contrast between eighteenth-century medicine and surgery without, however, disputing his central point: that the Paris surgeons' model of collective organization and hospital training must have looked particularly attractive to politicians and physicians alike in the early 1790s as the old educational system collapsed, and even more so in 1794, as the National Convention cast around for a means of reviving medical education, if only so as to ensure a sufficient supply of medical officers to the front. The debt which, as Gelfand demonstrates, the new *écoles de santé* owed to the Paris surgeons – in ideas, in personnel, in modes of organization – was considerable. Indeed, this was a commonplace at the time: Cuvier remarked, for examples, that the Paris medical faculty was "simply the old College of Surgery reinforced by a few physicians" (p. 174). As time went on, however, the eighteenth-century surgeon tended to be lost sight of, behind the outwardly more imposing figure of the physician. Inevitable distortions have ensued. Foucault, for example, is quite unaware of the way in which the surgical practice of the *ancien régime* prefigured and helped to condition the hospital clinic to emerge from the 1790s. What appears to him as a sudden, startling emergence, the manifestation of that historical discontinuity which he champions, looks quite different as a result of Gelfand's work. We can recognize, as Gelfand argued in the pages of this journal last year,⁴ that the "birth" of the clinic was preceded by a period of "gestation".

Dr. Gelfand's thorough and painstaking research has undoubtedly helped to illuminate an undeservedly neglected area of medical history, and obliged us to think through again the problems associated with the "birth of the clinic". Like any substantial pioneering effort, however, especially one of limited geographical scope, *Professionalizing modern medicine* calls for further research, by proposing new ques-

³ Contrast it, for example, with the account of Breton surgeons in the last decades of the *ancien régime* in J. P. Goubert, *Malades et médecins en Bretagne, 1770–1790*, Rennes, Institut Armoricaïn de Recherches Historiques, 1974, p. 127 ff.

⁴ T. Gelfand, 'Gestation of the clinic', *Med. Hist.*, 1981, 25: 169–180.

tions as well as answering some old ones. In what remains of the present essay, I should like to make a contribution to what is clearly an ongoing debate, by focusing on only one of a number of possible fields for future research, namely, the role of hospitals in the developments outlined. Gelfand ascribes to hospitals a critical role within his work: first, under the *ancien régime*, as one site of the growth of the surgeon's professionalism; second, in the form of the hospital clinic as it emerged from the 1790s which, as he puts it (p. xiii) "takes possession of medical enquiry, teaching and institutions: and becomes virtually identical with medical experience". How representative, and how influential were these developments in Paris within France as a whole? And has he located all the major determinants on the transformation of the hospital?

II

Service in the Parisian hospitals, notably in the Hôtel-Dieu, was popular with young surgeons in the last century of the *ancien régime*, Gelfand suggests, because it placed them in a situation where they encountered larger numbers of individuals, and more varied and more complex complaints, than in private practice. They also had better opportunities to perform operations and to undertake dissections (p. 48). Such was the pressure of demand for access to these favourable conditions, that there were always ardent supplicants for places, even as the size of the Hôtel-Dieu's surgical staff ballooned to over a hundred persons. The gradual improvements in their working conditions which the surgeons were able to extract from the hospital's administration – down to the notorious episode in 1789 when Desault was able to prevail over the Hôtel-Dieu's nursing sisters and obtain formal endorsement for his clinical courses – only swelled this demand. Gelfand makes it all sound very much like a triumphant progress on the part of the surgeons, and yet, and yet . . . The Paris Hôtel-Dieu on the eve of the Revolution was one of the unhealthiest hospitals in western Europe: levels of hygiene were appallingly low, the death rate hovered around one in four, and the very name of the institution was enough to chill the heart of the Parisian poor.⁵ If conditions here were a testimonial to the growing influence of the surgeons in hospital care, then it was a pretty grim one. In fact, as the heated exchanges which accompanied the Desault episode indicated, the hospital was far from being the showcase of Parisian surgery, and the internal service was riven by the rivalrous hostility of surgeons and nursing sisters who eagerly sought to stymie each other's intentions and initiatives.

The case of the Paris Hôtel-Dieu constitutes a striking illustration of the fact that the permeation of surgery into hospital practice was not a straightforward and unproblematic process, but brought surgeons up against the underlying institutional structure of the hospitals. There were over 2,000 hospitals in *ancien régime* France, with about 100,000 inmates – England at the same time could count only about 3,000

⁵ A classic account of the hospital on the eve of the Revolution in J. Tenon, *Mémoires sur les hôpitaux de Paris*, Paris, 1788. Relevant material, too, in P. A. Richmond, 'The Hôtel-Dieu of Paris on the eve of the Revolution', *J. Hist. Med.*, 1961, 16: 335–353; and in the numerous recent articles of L. S. Greenbaum – for example his 'J. S. Bailly, the Baron de Breteuil and the "Four New Hospitals" of Paris', *Clio Medica*, 1973, 8: 261–284.

hospital inmates.⁶ As well as being very varied institutions – many (notably the so-called *hôpitaux généraux*) specialized in the reception of the aged, the infirm, and orphaned and abandoned children, besides those like the Paris Hôtel-Dieu which catered for the sick – these were very ancient institutions, firmly embedded in the fabric of *ancien régime* society. Many traced a continuous line of ancestry back to the Middle Ages, when their essential function had been “as a refuge providing Christian care, food and shelter to the sick poor”. As my use of this quotation – with which Gelfand depicts the attitude of the nursing sisters of the Paris Hôtel-Dieu towards their office (p. 123) – suggests, this traditional function of the hospital was often best embodied in the service of the different communities of nursing sisters who were to be found in all hospitals of any substance. Some were tied solely to one hospital, others, like Saint Vincent de Paul’s Filles de la Charité, which served over four hundred charitable institutions in the eighteenth century, including 175 hospitals, had numerous branches. The values which all embraced, however, were essentially those of medieval nursing, as reiterated and relayed by the wave of post-Tridentine Catholic piety in the seventeenth century: above all, the hospital inmate was the *pauper Christi* whose material and spiritual welfare should be served with all possible assiduity. There was an element of severity in the authority which some communities wielded too, which dovetailed neatly into the movement of social discipline, dubbed by Michel Foucault *le grand renfermement des pauvres*, which from the seventeenth century onwards fashioned *hôpitaux généraux* for the confinement of both the deserving and the undeserving poor.⁷

There was evidently a considerable difference in the values espoused by surgeons and nursing communities. Discord between them also related to service. When, in the distant past, the attitude of most surgeons as well as doctors towards hospital service had been one of benevolent torpor, the nursing communities had performed many if not all the small jobs and duties around the hospital, which Gelfand describes the surgeons taking on during the eighteenth century: changing dressings, administering bleedings, keeping records, etc. They usually wished to retain these responsibilities in spite of the incursions of medical personnel, especially, it would seem, in respect to female inmates, whom sisters were at pains to keep out of the grasp of lusty young *garçons chirurgiens*. The Filles de la Charité adopted the practice in the course of the eighteenth century of sending their members to new establishments fully equipped with boxes of syringes and other surgical instruments; and they increasingly insisted that the pharmacy within all hospitals in which they served should be entirely under their control.⁸

⁶ Hospital statistics in M. Jeorger, ‘La structure hospitalière de la France sous l’Ancien Régime’, *Annales. E.S.C.*, 1977.

⁷ Medical historians have shown far less interest in French hospital nursing than religious historians and hagiographers. The best introduction is C. Molette, *Guide des sources de l’histoire des congrégations féminines françaises de vie active*, Paris, 1974. A spirited account of the Revolutionary years, with some backward and forward glances is D. B. Weiner, ‘The French Revolution, Napoleon and the nursing profession’, *Bull. Hist. Med.*, 1972, 44: 274–318.

⁸ Information on the Filles de la Charité based on researches in the private archives of the community which were confiscated at the time of the Revolution and are now located in the *Archives Nationales*. See especially S 6160 to S 6180.

The surgeons, then, were far from having everything their own way in the hospitals. The nurses were no shrinking violets, and they could usually count on some powerful allies. Hospital administrators, for example, who were usually local dignitaries determined to uphold the autonomy of their institutions, resented outside interference from medical faculties or communities of surgeons. They often took little convincing, moreover, that medical personnel were more interested in their careers and in their research than in the welfare of the inmates, which was the touchstone of the nursing communities' service.⁹ Since both hospitals and nursing communities were formally under the aegis of the church, the nurses might also get support from ecclesiastical dignitaries and pious laymen and laywomen. Not altogether surprisingly, therefore, the nursing communities could count some notable victories over the surgeons. The Paris College of Surgery conducted a running battle – glimpsed episodically in Gelfand's book (pp. 106, 110) – with the male nursing order, the Frères de la Charité, over the right of the ecclesiastics to teach and perform surgery. In the end, it was the Frères who won, for in 1761 the crown formally permitted them to infringe the surgeon's official monopoly. The Filles de la Charité, for their part, also had their successes against the medical professions: perhaps their most signal victory was in the 1770s, when they balked the Ministry of War's attempted reorganization of the medical services of the Hôtel des Invalides in which the sisters served, so that their influence was reduced to the benefit of the lay apothecary.¹⁰

In the light of the wider institutional context of the incursions of surgeons into eighteenth-century hospitals, and the continuing vigour of the nursing communities, could we not reinterpret the decision of the College of Surgery to create its own teaching hospital in 1774 as resulting, partly at least, from a feeling that the administrative structure and prevalent values within public hospitals were obstacles in the way of the atmosphere of teaching and research which the surgeons wished to establish? Against the backdrop of the civilian hospitals too, the preference shown by many surgeons for service in military hospitals (pp. 43–44) becomes more comprehensible. The demand for surgical services certainly grew apace, as the ancillary services of France's standing army were standardized and bureaucratized in the eighteenth century, and the army's medical corps offered an admirable career ladder to the ambitious young surgeon. There was also, however, the consideration that in the military hospitals, which were normally staffed by civilian orderlies, the surgeons had a better chance of getting the nursing sisters off their backs.

Far more than is the impression given in Gelfand's book, then, eighteenth-century surgeons were fighting on two fronts: against the physicians on one hand; but on the other, within the hospitals which they increasingly sought to dominate, against nursing sisters who regarded all medical personnel as a threat to established patterns of territoriality and institutional values framed *sub specie aeternitatis*. Gelfand has

⁹ Interestingly, Gelfand (p. 121) depicts a perfect exemplification of this scale of priorities in the Desault case.

¹⁰ R. Massy, 'Le conflit de 1772 entre l'administration de l'Hôtel Royal des Invalides et les Filles de la Charité', *Rev. Hist. Pharm.*, 1954, 11; and *Archives Nationales* S 6160. The principal apothecary concerned was none other than Parmentier: C. C. Gillispie, *Science and polity in France at the end of the Old Régime*, Princeton University Press, 1980, p. 372 f.

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rescued the surgeons from the neglect they have suffered at the hands of medical historians who train the spotlight principally on physicians of the past. Is there not a similar task of retrieval and rehabilitation to be performed for the nursing communities? Did they constitute a threat to the progress of hospital-based surgery? How typical was the surgeons' apparent success in Paris's Hôtel-Dieu? Materials with which to answer these questions are not lacking: indeed, hospital archives comprise one of the richest, and most neglected sources available to the historian of early modern France. They allow us to pass beyond printed regulations which, as Gelfand notes, have tended to dominate histories of clinical arrangements in hospitals (p. 241, n. 78), down to the mundane realities of hospital life. And it is only on that level that the influence of surgeons can be judged.

III

By 1800, the clinic had been – if we are to retain the metaphor – “gestated”, “born”, and was alive and well – securely lodged in the Paris Hôtel-Dieu. Over the Revolutionary decade, there had emerged a new concept of the hospital, as “a centre for the study of diseases and the training of students as well as a place where professionals treat the severely ill according to scientific principles” (p. 123). This may well be true of Paris – although the destruction of the hospital's archives for this period in the Commune fire of 1871 leaves a certain penumbra of uncertainty even here; but to what extent can the generalization hold when one turns away from the capital? The Paris hospitals may well have been “medicalized” – to use a concept favoured by the Foucault school;¹¹ but to what extent did this process percolate into the 1300 hospitals in France which had survived the Revolutionary maelstrom? The new, unified medical profession now sought out a presence and authority within hospitals; but how far were their ambitions frustrated by those factors which, as I have suggested, had proved a thorn in the flesh of eighteenth-century surgeons, namely, hospital traditions of administrative autonomy and the nursing communities' services?

If we widen the focus of the analysis from the study of medical education in the capital to an examination of the administration and service of all hospitals throughout France over the course of the nineteenth century, what is striking is how long most hospitals had to await their “medicalization”. Jacques Léonard has recently pointed out, for example, how archaic and primitive much hospital care remained after 1800, with hospital design and internal régimes only really coming to approximate to medical criteria in the very last years of the nineteenth century – partly, no doubt, as a result of the increased importance attached to antisepsis and anaesthesia.¹² Government enquiries from the July Monarchy to the Second Empire bear this out, for the middle decades of the century at least.¹³ The administrative structures of hospitals

¹¹ See in particular M. Foucault *et al.*, *Les machines à guérir (aux origines de l'hôpital moderne)*, Paris, Institut de l'Environnement, 1979.

¹² J. Léonard, *La vie quotidienne du médecin de province au XIXe siècle*, Paris, Hachette, 1977, p. 86 ff.

¹³ See the reports of government hospitals inspector, the Baron de Watteville, between the 1830s and the early 1850s, in particular his *Essai statistique sur les établissements de bienfaisance*, 2nd ed., Paris, 1847. See also, the *Situation administrative et financière des hôpitaux de l'Empire*, 2 vols., Paris, 1869.

were still very much in the traditional mould. Under the provisions of a law of 1796, hospital management was put in the hands of five-man administrative boards at communal level. These might – almost for the first time – include some doctors; but most were stuffed solid with local dignitaries. Medical personnel often found that medical issues were given low priority, and that the dominant managerial ethos was of a philanthropic and *bien-pensant* sense of *noblesse-oblige* towards the local poor that shaded imperceptibly into an awareness of the utility of hospitals as instruments of social control.

The new medical profession emerging from the 1790s had certainly won a greater measure of influence within hospital walls. Not simply the growing prestige of the “School of Paris” but also the sterling services which doctors performed with Napoleon’s armies ensured them of government support. From the time of the Consulate, for example, the Ministry of the Interior insisted on even tiny hospitals maintaining a full complement of medical staff, and on appropriate staff/inmate ratios being kept; and the Ministry also encouraged those hospitals which, taking their cue from the capital, established clinical facilities. Yet what did this mean in practice? Empirical studies – apart from those exemplars of medical hagiography and localist piety so well-known in medical history – are almost wholly lacking. Once again, it would seem wrong to underestimate the continuing importance of the nursing sisters. Despite the formal abolition of all such communities in 1792 (eventually abrogated under Napoleon), and the banishment and imprisonment of many individual sisters, the nursing communities returned with a vengeance in the late 1790s and early 1800s: indeed in many respects hospitals were more marked in these years by “rechristianization” rather than “medicalization”. For much of the century which followed, hospital administrators would continue to look to their nurses for medical as well as for administrative or strictly nursing services: in mid-century, for example, nearly half of French hospitals had their pharmacies exclusively under the control of their nurses. Moreover, well into the nineteenth century we find a continuation of the sort of sniping between nurses and medical personnel which had characterized the *ancien régime*, a sure sign of the lack of definition in the division of labour between the two sides. Nor was the influence of the nursing communities confined to the more out-of-the-way localities. The Filles de la Charité, for example, appear to have been influential in restricting the clinical facilities available to the Montpellier *école de santé* in the local hospital; and nurses may have helped delay the implementation of clinical instruction in the other *école de santé* established in 1794 in Strasbourg.¹⁴ If the medical profession found it difficult to make its way in these *hauts lieux de la clinique*, how much more precarious must their position have been elsewhere? Once again, to ask the question, is to call for further research.

Hospitals will always feature prominently in any account of the history of the medical professions in recent centuries, and their changing functions seem inextricably bound up with debates on the “birth of the clinic” and, now, on the

¹⁴ Some information on Montpellier in my *Charity and 'bienfaisance'. The treatment of the poor in the Montpellier region, 1740–1815*, Cambridge University Press, *in press*; and for Strasbourg, cf. E. Wickersheimer, ‘La clinique de l’hôpital de Strasbourg au XVIIIe siècle’, *Archs int. Hist. Sci.*, 1963, 16: 257–276.

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professionalization of medicine. Thus, it has seemed worthwhile dwelling in some detail on a number of neglected characteristics of hospital care in France, prompted by Toby Gelfand's study of Parisian surgeons and medical institutions during the "gestation period" and at the "birth" of the clinic. I shall conclude these somewhat rambling reflections by high-lighting four essential points of method which, I would argue, it is important to bear in mind when dealing with the transformation of hospitals from "Christian refuges" to "machines for medical instruction", and which will, I hope, help to illuminate further researches in this fascinating area of medical history, where so much still remains to be done. First of all, in studying the hospital, we must not confine our interest to a single professional group – whether it be surgeons in the eighteenth century, doctors after 1794, or whatever – without giving due attention and consideration to other, rival medical practitioners. W. F. Bynum has recently stressed the need for medical historians to concern themselves with the "structure of the total medical community", and this must surely include those outside the formal frameworks of faculty, academy, college, or guild – as indeed Gelfand himself has recently demonstrated in his perceptive study of "medical charlatans" in the towns and countryside of late eighteenth-century France.¹⁵ This precept and this example need now to be applied to the hospitals, which contained, in the person of the nursing sister, a rival medical practitioner to the surgeon or doctor, with a long, honoured tradition of care and cure. So too we should bear in mind, second, that surgeons and doctors who worked within hospitals did so, for the majority of the history of these institutions, as outsiders: the introverted and durable administrative structures of the traditional French hospital were profoundly recalcitrant to what were seen as outside and extraneous influences. The frequent clashes between nurses on one hand and doctors on the other clearly illustrate the fact that the materialistic cast of mind of the medical professions, and their emphasis on teaching and research were not warmly received in the religious ethos which most hospitals exuded. Following on from this, I would suggest that we need to look at the history of hospitals in the *longue durée*: given the doughty resistance which was still often being put up against the medical professions in the nineteenth century, it seems clear that the "medicalization" (or "modernization"?) of the hospital was not a once-and-for-all phenomenon, but was a long and protracted process, involving a number of stages. We need, finally, to widen our perspectives spatially as well as temporally, and my fourth point is to urge medical historians to resist the temptation to equate France with her capital. The clinic may well have appeared in something like its modern form in Paris by 1800, but – as any tuppenny guide-book could tell us – Paris is not France. There is a diversity and complexity about hospital development and medical change in France as a whole which it is our duty soberly to acknowledge and – more excitingly – to explore.

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¹⁵ W. F. Bynum, in Rousseau and Porter (editors), *op. cit.*, note 1 above, p. 253. T. Gelfand, 'Medical professionals and charlatans. The Comité de salubrité *enquête* of 1790–1791', *Histoire Sociale/Social History*, 1978.