

Sufficient indices of Arabic and Latin terms are also given, which greatly enhances the usefulness of these chapters. Also, the Arabic terms are transliterated throughout, so non-Arabists should not feel intimidated. The first list contains 120 items that are commonly attested in the Genizah fragments, while the second contains 140 items that are less commonly attested.

After the opening section on terminology, for each entry there follows a description (e.g. botanical, metallurgical) of the substance and a brief reference to earlier sources that discuss it (e.g. Dioscorides, the Bible and the Talmud). The next two sections discuss the medicinal uses of the substance as described in practical lists of *materia medica* and theoretical medical textbooks respectively, with reference to the particular Genizah fragments that contain these descriptions. Thus this book functions as a concordance to the occurrence of medicinal substances in the fragments of the Taylor-Schechter Collection, albeit an incomplete one due to the infancy of this field. Moving beyond the Genizah sources, the following sections discuss references to substances in the wider medical literature of the medieval period, the current uses of these substances in the traditional medicines of the Middle East, and references to their production and trade in medieval sources. The data given is very detailed, with ample references to enable further study. The utility of the volume is further enhanced by copious appendices and indices, a detailed bibliography and a useful introduction. There are thirty-two pages of colour photographs, some of Genizah documents, some of medicinal substances, including a photograph of a carrot and carrot seeds (fig. 20), intriguingly labelled “Seeds and root of carrot, *Daucus carota* (Apiaceae)”. Fortunately, such vanities are rare in what is otherwise a very worthwhile volume that really only lacks a reverse index of Genizah fragment classmarks.

A word of caution is in order, however, regarding the identification of the plants. This is a very problematic process with many

pitfalls. For example, in their entry on the ash tree (pp. 340–1), the authors refer to the Arabic terms *dardār*, *lisān al-‘aṣāfir* and *lisān al-‘uṣfūr*. In modern standard Arabic, the last two terms refer to the ash, while the first refers to the elm. Lev and Amar state, “The name ‘*dardār*’ was given to elm and common ash trees, but in the Levant this was the usual term only for the Syrian ash” (p. 340). The problem here is that *dardār* is probably a Persian term adopted by earlier Syriac writers to translate the Greek term *πτελέας*, which refers to the elm, so it was not the usual term for ash in the Levant. The picture becomes further confused because certain writers, such as the late-twelfth-century Iberian agriculturalist Ibn al-‘Awwām, referred to the *lisān al-‘aṣāfir* as being the fruit of the *dardār* tree. Given that one of the most celebrated botanists, Ibn al-Baitār, was born in Iberia but gradually moved eastwards until his death in Damascus, it is also clear that trying to distinguish such identifications by region is not advisable.

This volume is a very timely reference work that will be deeply appreciated by all working in medieval medicine in the Mediterranean. Any shortcomings are due to the infancy of the field, meaning that subsequent revisions will be necessary as more research is done and more documents come to light. If the authors persevere with this, it will prove of great use for many years to come. The value of the Taylor-Schechter Collection in Cambridge is clearly demonstrated by this book, and one can only hope that its publication stimulates more interest in an often neglected archive.

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John Henderson, Peregrine Horden and Alessandro Pastore (eds), *The impact of hospitals 300–2000*, Oxford and Bern, Peter Lang, 2007, pp. 426, illus., £48.00 (paperback 978-3-03911-001-8)

The publication of *The hospital in history* (1989) represented a break with traditional

hospital histories. In bringing together revisionist work, and in locating medieval, early modern and modern hospitals in their social, economic and political contexts, it became an important text in influencing the “new” hospital historiography. The appearance of any new collection on hospitals will inevitably draw comparisons with that of Lindsay Granshaw and Roy Porter. Although the editors have not tried to recreate *The hospital in history* eighteen years on, by drawing together a selection of papers presented at the 1999 and 2001 conferences of the International Network for the History of Hospitals, they have highlighted developments in hospital historiography and pointed to important avenues for further research.

In a short review it is impossible to do credit to a volume that spans nearly 1700 years and a wide thematic and geographical range from the motives of hospital founders in Byzantium (Horden) to post-modernity and hospital architecture in late-twentieth-century Canada (Annmarie Adams). If the contributors follow on from Granshaw and Porter in locating the hospital in its wider contexts—be it their liturgical function in medieval Europe (Carole Rawcliffe), their position in the public sphere (Kevin Robbins), their access to local resources (Marina Garbellotti and Alysa Levene), or their role in shaping urban mortality in Spain (Diego Ramiro Fariñas)—by exploring the hospital over the *longue durée* the collection moves away from the neat chronologies familiar to many hospital histories. As the editors outline in their compelling introduction, there is more to hospital history than medicalization; patronage, charity and resources, cultural constructions, social policies, and medical technology were all important in shaping the form and function of the hospital and its socio-economic, political and demographic position. Taken as a whole, the collection invites comparisons of medieval, early modern and modern hospitals and their contexts in Britain and Europe—only Adams looks beyond Europe—and draws out continuities. Throughout, the hospital is broadly defined:

although asylums are not covered, Flurin Condrau, for example, raises important questions about the institutional career or “life-cycle” of sanatoria and the treatment of tuberculosis in Britain and Germany; leper houses appear in chapters by Rawcliffe and Max Satchell; and Levene turns her attention to the care offered by founding hospitals in eighteenth-century Florence and London.

Although the volume is divided into five sections—the patron; the visual; the rural; the patient; the demographic impact—more themes emerge. These draw attention to the variety of functions hospitals performed over time and place; the importance of patronage and fundraising; the role of hospitals as liturgical spaces; the management of resources; the role of municipalities and the state; the move to specialization; and the material fabric of hospitals. These themes intersect with other themes in the social history of medicine: Andrea Tanner, for example, very effectively analyses the importance of gender, maternity and participation in the Hospital for Sick Children, Great Ormond Street, whilst Eric Gruber von Arni evaluates the institutional medical care provided for soldiers by the Parliamentary forces during the English Civil War to offer an assessment of military medicine that suggests that standards of care were good. Whereas themes of patronage and charity, and the financial strategies hospitals and municipalities adopted to fund healthcare are now familiar elements in the historiography, the collection draws attention to the still neglected areas of hospital architecture and representation, the rural, and the position of the patient. Chapters by Satchell and Steve Cherry offer timely accounts of the contribution of rural hospitals to local systems of care, and emphasize the need for historians to look beyond the urban, themes which are also present in chapters by Louise Gray, Levene and Sergio Onger. Gray and Condrau integrate the often neglected patient’s perspective to remind hospital historians that patients were not always subjects of medical or disciplinary regimes but had agency and

often negotiated care. If Christine Stevenson and Adams present different views of hospital architecture, form and function, both reveal how hospital design and representation were informed by cultural concerns, while Rawcliffe presents a rich account of how patronage and the pursuit of salvation were incorporated into the material fabric of medieval hospitals.

Inevitably, with any collection of essays, there are gaps and not all readers will be satisfied. As the editors make clear, the history of non-western hospitals is often neglected and this is true of this volume. Nor is a much needed up-to-date assessment of the historiography provided. There are weaknesses in some chapters: for example, Matthew Sneider in describing the financial strategies adopted by sixteenth- and seventeenth-century hospitals in Bologna is too closely focused on the institutional context, whilst Onger's search for the growth of a hospital network in the Brescian region is built on the uncertain assumption that one should exist. However, if the collection does not have the same groundbreaking credentials as *The hospital in history*, it demonstrates that hospital history should no longer be considered institutional history alone; that the field has much to offer medical historians, and that hospitals, as Rawcliffe explains, are "mirrors of society".

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**Ole Peter Grell and Andrew Cunningham** (eds), *Medicine and religion in Enlightenment Europe*, The History of Medicine in Context, Aldershot, Ashgate, 2007, pp. ix, 267, illus, £55.00 (hardcover 978-0-7546-5638-8).

This collection is one of several volumes by the same editors on the relations between medicine and religion in early modern Europe, including *Medicine and the reformation* (London, Routledge, 1993) and *'Religio medici': medicine and religion in seventeenth-*

*century England* (Aldershot, Scholar Press, 1996). Through its presentation by Andrew Cunningham and thirteen chapters by fourteen other contributors, the volume provides the reader with a tapestry of topics and questions concerning the intersections between medical practice and knowledge and Christianity, in different European countries on both sides of the religious divide between Roman Catholic and Protestant (Portugal, Spain, Naples, Rome, France, Bavaria and other German countries, the Netherlands, Denmark, England and Scotland). Yet, territorial borders in most chapters often fade as a result of a fluid circulation of the writings instrumental to the debates as much as of their agents' mobility.

The range of topics is wide. While Jonathan I Israel focuses on the impact of the Dutch radical Enlightenment—freethinking and atheist followers of Descartes and Spinoza—on medical thought in the Netherlands and, by exportation, in London, Germany and Denmark, Peter Elmer emphasizes the amazingly limited influence that this philosophical radicalism had in post-Restoration England on the religious views of nonconformist physicians who, although most had been trained in the Netherlands, were even prepared to believe in witchcraft. A wide exploration of physicians' library lists, both printed and manuscript, leads L W B Brockliss to claim that a moderate Catholic Enlightenment prevailed in the French medical community in contrast to the frequent association of the Enlightenment with religious scepticism and even atheism.

Some peculiarities of the Enlightenment in Naples and Scotland are explored by Maria Conforti's and John Henry's essays. While the former deals with the intermingling of religion, philosophy and history in the historico-medical narratives by seventeenth- and eighteenth-century Neapolitan physicians, the latter focuses on the religious rationale behind the Scottish Common Sense school of philosophy whose followers used their analysis of the nature of the mind and its operations to guarantee the certainties of the scientific approach in the path of Newtonian