

than these numbers would indicate. In contrast to Great Britain and the United States, scientific criticism of eugenic claims was rare in Canada, and it was only the rise of Nazism and the horrific revelations of the Second World War that effectively brought eugenics into disrepute, as it did in most other countries.

Unfortunately McLaren touches upon far more intriguing issues than he develops. Though he mentions the importance of Catholic opposition to eugenics and birth control, and alludes to the unique problem of the French Canadians with their larger families, he does not really integrate the subject into his narrative. Along the same lines, he lapses into occasional feminist digressions about the evils of male chauvinism (especially in the medical profession) and its deleterious consequences for women, but does not explain the widespread, enthusiastic support of women's organizations for eugenic legislation, nor does he seem to find it odd that the two most important advocates of eugenics in Canada, the social reformer Helen MacMurchy and the geneticist Madge Thurlow Macklin were both women.

If McLaren has perhaps showed too much restraint in surveying his subject he has in this introductory work nevertheless raised a number of provocative questions that would be well worth exploring in more depth.

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CHARLES E. ROSENBERG, *The care of strangers: the rise of America's hospital system*, New York, Basic Books, 1987, 8vo, pp. x, 437, illus., £15.50.

In this masterly work, Rosenberg argues that the history of twentieth-century medicine, the medical profession and medical care, cannot be understood properly without explaining the origins of the hospital. In the United States, as in Britain, hospitals in 1800 were peripheral to medical care: they were few in number, treating only the poor for a limited range of complaints, with little intervention from the medical profession. Yet by 1923 in the United States there were 4,978 hospitals and, Rosenberg argues, all the patterns of the hospital's centrality in modern medicine had been laid down. Focusing particularly on the period between the Civil War and 1920, he shows how and why this came about, how the hospital became the locus for medical education and integrated into the career patterns of physicians, how it replaced the family as the site for treating serious illness and managing death, and how it became clothed with the legitimating aura of science. Rosenberg does not conclude—with some critics of the modern hospital—that it was all a massive mistake perpetrated on society by medical conspirators. For him hospitals are the creation of a society in a much wider sense. Physicians would not have succeeded in persuading their middle-class patients into hospital if there was not some kind of shared appreciation of what a hospital had to offer.

In the early nineteenth-century hospital Rosenberg identifies, as he has elsewhere, two sub-cultures—that of patients and their attendants, and that of lay trustees and medical staff. The social origins of each group were similar, and although there was some conflict within each sub-culture (lay patronage of poor patients conflicting with medical interest in teaching for example), the two sub-cultures barely interacted. That pattern was eroded over the years.

As Parisian clinical ideas spread, so the hospital began to be used by doctors not just for status but also for access to clinical material. Rosenberg shows how medical men consciously used hospitals as routes to prosperity, and how medical education came to be wedded to hospital practice. The germ theory was crucial in fostering the development of the hospital, particularly through the extension of surgery after the introduction of antiseptics, and in the way that science, rightly or wrongly, became associated with the hospital in both public and professional minds. The introduction of nurse training helped to change the image of the hospital: private patients were wooed into and in turn revolutionized the hospital. The new promise of surgery played its part in luring the new patients in. It was the surgical not the medical pay beds that were filled first. It was the surgeon, not the physician, who became associated with the hospital. As the demand for hospital treatment grew, there was a period in which the rich and the poor were to be found in hospital, not the middle classes, who could not afford the payments now demanded of them.

## Book Reviews

For patients in the 1920s, diagnosis and therapeutic tools rather than social position were now determining hospital admission. The hospital was becoming a complex operation, no longer seen as adequately supervised by absentee lay trustees, but only by professionalizing superintendents. To some critics, hospitals were beginning to appear as monolithic and impersonal medical factories. But though cash transactions had now replaced benevolence, Rosenberg qualifies the marketplace metaphor. Physicians were still paid in prestige and clinical access, trustees in deference and acknowledgement of status, nurses and other workers in security. Patients did not simply buy a commodity. Third-party payment, government involvement, technological change and economic growth provided a further stimulus to the growth of hospitals, but still did not provide a simple market model. Rosenberg claims that, as with defence spending, those advocating expenditure on hospitals promoted not only self-interest but shared social assumptions about security, in this case to be achieved through scientific medicine with its healing promises.

Rosenberg draws from his immense historical knowledge—not simply the history of American medicine—to interpret a wealth of material from various types of hospitals, as well as from diaries, letters and other primary sources. He selects examples and quotations with consummate skill, and, with great insight, presents a coherent account of the rise of the hospital system, giving us on the way a cogent account of the history of modern medicine itself which is beautifully written and accessible to a wider public. His work has for some years served as a model for many of us. If you read *The care of strangers*, you will see why.

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**BRUCE T. MORAN**, *The alchemical world of the German court: occult philosophy and chemical medicine in the circle of Moritz of Hessen (1572–1632)*, Sudhoffs Archiv, Beiheft 29, Stuttgart, Franz Steiner, 1991, pp. 193, illus., DM 58.00 (paperback, 3–515–05369–7).

**BRUCE T. MORAN**, *Chemical pharmacy enters the university: Johannes Hartmann and the didactic care of chymiatry in the early seventeenth century*, Publication 14 (NS), Madison, Wisc., American Institute of the History of Pharmacy, 1991, pp. vii, 88, illus., \$16.50 (0–931292–24–7), \$7.50 (paperback, 0–931292–23–9).

For a radically Protestant prince in the unstable Germany of the Counter-Reformation, scientific patronage had a special significance. The Landgrave Moritz of Hesse-Cassel inherited a Lutheran principality and a dispute with his Darmstadt cousins over the administration of the University of Marburg. His hopes of a northern European Protestant alliance and his attempts to interfere with Lutheran ceremonial in Marburg were frustrated, but the promotion of alchemical endeavour at the Cassel court served to compensate for such impotence by beckoning to an arcane world of possibility. It was, as Bruce Moran claims in a study of Moritz's court that inevitably recalls R. J. W. Evans's *Rudolf II and his world*, a "patronage of despair".

The political strategy involved in developing a court identity associated with hermetic philosophy included the infiltration of the University of Marburg by Paracelsian professors, and the employment of court physicians to supervise and evaluate the production of chemical remedies by the numerous alchemists who found temporary harbour at Cassel. Moran also provides a thought-provoking portrait of the hermetic culture of Moritz's court by identifying the contribution of Paracelsian visionaries, the authors of Rosicrucian manifestos, and the publications of Michael Maier and Joseph Duchesne. The common motif is the occult re-interpretation of Christianity, finding analogies to creation and redemption in the alchemical processes, predicting the emergence of a new enlightenment, and extending the *ethos* of alchemy to embrace a form of lay piety and social criticism. Maier's famous emblems provide a key to a literary culture imbued with alchemical symbolism.

The association of progressive Reformed religion with occult enthusiasm introduces the crucial problem related to the integration of Paracelsian medical experiment into the academic tradition, namely the subjectivity of hermetic wisdom. The rhetoric of the quest for patronage