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drinking – because of the economic changes wrought by their temperance predecessors and class superiors. Eventually the upper portion of the artisan “Washingtonian Societies” distinguished itself from the more “vulgar” and secular, lower portions by taking on the colouration and tactics (including legal coerciveness) of the wealthy evangelicals. Antebellum prohibitionism quickly faded after its peak of 1855, its native-born opponents’ resistance stiffened by the threatened effectiveness of statewide prohibition laws which incorporated an assault on property, and reinforced by the influx of immigrant cultures still deeply committed to alcohol.

Tyrrell’s greatest originality is his establishing the historical significance of antebellum temperance. Although occasionally repetitive and lacking in substantial international perspective on temperance, *Sobering up* is a clear, detailed, and well-organized monograph. (Sober or not, the makers of the book bound in one chapter upside down.)

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ANTHONY D. KING (editor), *Buildings and society. Essays on the social development of the built environment*, London, Routledge & Kegan Paul, 1980, 4to, pp. x, 318, illus., £25.00.

One contributor to this book, Amos Rapoport, a professor of both archaeology and anthropology, tells us that among the Yagua Indians on the Peru-Brazil border “there is an absolute rule that turning away from the center of the dwelling indicates that one is ‘no longer present’ and even infants have this privilege.” Uncurtained windows in Holland are said to indicate “that there is nothing to hide and hence that one should not look.” These two provocative views of the right to privacy convey the geographical scope attempted in *Buildings and society*: in theory, nothing human is alien to it. The aim of the nine contributors is stated as “to see *all* as built form, whether this is a vast Hindu temple or a self-built mountain hut.” It is further suggested that in discussing a religious building an Islamic mosque would do as well as a Quaker meeting house. However, since these authors are writing and presumably researching mainly in English, it is not surprising that but for one chapter (the one most foreign to our concerns) on Hindu temples, architectural phenomena of English-speaking countries are mainly treated: the Victorian lunatic asylum; English and French hospitals; English prisons, vacation houses, and restaurants; English, American, and German office buildings; American apartment houses. Built form is considered as the expression of social, cultural, economic, political, and, in the case of the hospital and asylum, medical influences. Only the medical papers are relevant here, but I cannot leave the primarily, intentionally architectural body of the book without recommending its liveliest chapter on the least likely of subjects, the vacation house, by the editor of the whole, Anthony D. King (lecturer in sociology and environmental studies).

Like all good architectural books this one is superbly illustrated with plans, drawings, photographs old and new finely complementing the text and excellently reproduced on art paper. This reader found especially illuminating a print of 1862 showing some two hundred convicts on the “separate system” attending chapel for their betterment, in individual high-stacked and high-sided pews so that no one of them could see another, and five photographs from 1910 to 1980 showing incorporation into a self-built bungalow (“the vacation house”) of two converted railway cars as its long side walls.

When the asylum or hospital is considered, architectural motifs must necessarily be mixed with those from many disciplines. The hospital is placed at the point of intersection of medicine, nursing, architecture, religion, technology, and social history, to mention only prime ingredients. Thus the hospital might almost stand as a symbol for this ambitiously interdisciplinary book. Adrian Forty (lecturer in architectural history) in discussing the modern hospital in England and France chooses to stress a medical ingredient – the ambition of doctors to improve their social position through the redesigning of hospitals from the mid-nineteenth

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century on. "For the first time doctors found themselves able to obtain significant results, and recognizing that these could lead to fame and renown, many more doctors began to attach importance to clinical work and, consequently, to the hygiene of hospitals." The majority then preferred the pavilion plan. While cited, Florence Nightingale is upstaged. A further point is made that as soon as germs had been identified and sterilization introduced, doctors saw no advantage in the pavilion form over others, buildings being no longer considered instruments of cure. They advocated the less expensive high-rise hospitals and did what they could to siphon saved funds into medical technology and research. Nurses, meanwhile, clung to the pavilion for its ease of nursing supervision.

Andrew Scull (professor of sociology) traces the Victorian lunatic asylum, "a convenient place to get rid of inconvenient people," from its idealistic beginnings in the early nineteenth century, when it was hoped that real cures might come from diagnosis, segregation, and classification of what had been the undifferentiated mad, homogenized within the general population. But the cure rate remained at about eight per cent, and well-meaning but ever larger asylums filled up with a backlog of incurables. What had been effective moral treatment for thirty patients at the York Retreat proved unworkable in state institutions housing two thousand. The plan of Claybury County Asylum speaks for itself, incidentally illustrating why the word "asylum", originally a refuge as in the words "grant asylum", was debased to "asylum" meaning "loony bin". The endless Italianate façade of Colney Hatch Lunatic Asylum, 1851, reinforces the sad text, as does an elevation of pavilions at Leavesden Woodside and Caterham, 1868, for the "efficient storage for pauper lunatics". "It is in respect to the very evils these institutions were designed to remedy that they are themselves conspicuously defective." Scull grimly foresees that, overflowing with patients to this very day, the obsolete buildings will not easily be obliterated. He does not refer to a considerable dent in mental hospitalization recently made by psychotropic drugs.

This beautiful book can be entered from many professional disciplines. Once within, professionals will enjoy a fresh breath of air if they wander across to the unknown areas: for physicians and medical historians this would mean to consider, perhaps for the first time, the development of the restaurant, the vacation house, or indeed architecture itself, the built environment.

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MARY BROWN BULLOCK, *An American transplant. The Rockefeller Foundation and Peking Union Medical College*, Berkeley, Los Angeles, and London, University of California Press, 1980, 8vo, pp. xxvii, 280, illus., £10.50.

Sponsored by the Centre for Chinese Studies of the University of California, Berkeley, with the springboard of her dissertation on this subject which gained her doctorate of philosophy at Stanford in 1974, this is Dr. Bullock's latest dive into the complex sea surrounding the medical history of the Middle Kingdom. As Staff Director of the Committee on Scholarly Communication to the People's Republic of China, in Washington, D.C., she is well qualified to take us on such a swim, but it is a hard one!

The first chapter (or length if we continue the analogy) starts with the Dedication of the Peking Union Medical College (PUMC) attended by John D. Rockefeller jr., and George Vincent, President of the Rockefeller Foundation (RF), which provided vast finance for the College reaching a peak of U.S. \$293,789 in 1936-1937. Chapter Two outlines their concern to provide "A Johns Hopkins for China" and we then pass through a cosmopolitan concern with a Peking middleman, the Oil Prince's Palace, "to serve our dear old China", a medical Bolshevik, coming up the home length with barefoot doctors and midwives, and the challenge of war to conclude with an epilogue for the ninth chapter.

Whilst the book is attractively covered and beautifully printed, it does suffer from a recipe of American English, repeated abbreviation, and Chinese name romanization which makes it hard to digest. With this, the first half of the book is barely illustrated and much taken up with a