The orders’ medical and organizational skills were complemented by the effective efforts of hospital directors in finding additional sources of funding. Slowly it was more generally recognized that the plans to transfer funds to large city institutions were misguided, and that local provision was positively desirable. Daniel Hickey concludes that, as charitable giving increased in the eighteenth century, many of these small establishments were providing a good service, better than some other historians of poverty have claimed. Indeed they might be using more advanced surgical techniques and recording lower mortality rates than famous Parisian hospitals.

Whereas most histories of hospitals have concentrated on the larger institutions, this new study reveals that there was an equally important lower stratum of medicine and charity. As well as challenging some of the accepted generalizations about poverty in ancien régime France, Daniel Hickey provides many insights into the social attitudes and tensions which affected daily life in small towns and villages.

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This meticulously researched 1994 Habilitationsschrift at the Medical Faculty of the University of Cologne surveys the origins of university clinics in the German-speaking realm for about a century until the onset of specialization. The author argues that the history and significance of such institutions—still considered to represent the top of Germany’s academic health care delivery system and locus of medical teaching and research—are frequently ignored and misunderstood, and that uncovering their past can provide an important perspective to today’s physicians.

The book is chronologically arranged and then divided according to the prevailing religious orientation of the political units—cities and principalities—in which the various institutions were established. An introductory chapter sketches the origins of bedside teaching, from Islamic hospital wards from 800 to 1300, to the collegium medico-practicum at Leiden in the late seventeenth- and early eighteenth centuries. This is followed by the study of German clinics in Protestant cities before 1754, featuring Halle, Strassburg, and Göttingen. Subsequent sections survey Vienna, Prague, Freiburg, and Würzburg as institutions of the Catholic Enlightenment, followed by an inventory of representative clinics in small German states, Prussia between 1810 and 1825, and later foundations in Munich, Zurich and Bern after 1825.

As many dissertations, Karenberg’s work is descriptive, heavy on dates, persons, and events, as well as guided by a somewhat arbitrary toponymy. Each institution is carefully inventoried with much emphasis on the architectural features of its buildings, organization, finances, number of beds, etc. On that score, we are all in the author’s debt for having brought together a vast amount of information dispersed in local publications and archival collections. Lacking, however, is a broader perspective and efforts to interpret this material within the European framework of bedside medicine, including hospitals in Edinburgh, London, and Paris, to mention some of the key centres. We never hear about the actual interactions at the bedside, the plight of the patients being employed as examples and specimens, the subsequent shifts in medical epistemology, and the effects on the medical profession. The creation of university-affiliated teaching clinics, often separated from the charitable hospitals, constitutes an important chapter in German medical history. Karenberg’s register will be quite useful for future endeavours.

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