
Hospitals have become a central institution in our society. They embody hopes and anxieties; they provide a stage for the performance of medical careers and for the deployment of technological capacities; they occasion recurrent policy debate and economic as well as ethical calculations.

But they are also things, structures in particular places, built at particular times. As such, each hospital is a peculiar configuration of ideologies aesthetic and scientific, of philanthropic and policy assumptions, of diagnostic and therapeutic capacities, of available building materials and techniques, of architectural ambitions and mundane limitations. They reflect particular spatial – real estate – constraints and the social and political options that structure siting decisions. In addition, they incorporate a complex set of relationships with medical education and practice. They are machines for dealing with the unavoidable pain and incapacities of life. Studying hospital planning and construction is thus necessarily an exercise in the sociology of knowledge as well as in the history of health care and social welfare. It is Jeanne Kisacky’s impressive achievement to have realised the analytic potential of such a focused study of this component of our built environment. Historians and policy makers have written a great deal about hospitals, but few have used the shaping of the structure itself as a way of synthesising, configuring and tracking the multifaceted history of this key institution.

A medical facility is not like an office or residential building; it embodies a context in which the ideas (and hopes) of contemporary science are deployed in what seem to contemporaries an optimum – if not inevitable – way. And it also embodies notions of social welfare and collective responsibility as well as professional career patterns, architectural as well as medical. Thus it is not surprising that so much of this carefully researched book focuses on the formative half-century following 1870 and the debates surrounding the assimilation of the germ theory with its potential relevance for hospital construction. In some ways it embodies a larger conflict between holistic and reductionist visions of contagion and pathogenesis and the implications of such changing theories for hospital construction and internal management. Logically enough, ventilation becomes a key issue in this book as do facilities for isolation. Kislacky dismisses the seemingly commonsensical notion that somehow the germ theory quickly and categorically banished older holistic, air-based notions of contagion (and hospital infection) and thus a foundational focus on air handling. She depicts a far more complex and elusive set of debates and solutions with the ventilation-centred pavilion system persisting in some ways and a relatively gradual assimilation of what might be termed vertical strategies for siting, conceptualising and building hospitals. She also focuses sensitively on several generations of hospital architects and consultants and their assumptions as well as the necessarily related site debates in their relationship to potential patient constituencies. Kisacky is ingenious in using debates over locational choice as a way of illuminating the process through which particular decisions were reached in particular communities – everything
from height and building materials to appropriate neighbourhoods. (Most of the hospitals she discusses were in fact urban).

This is a book which should be in the library of anyone concerned with the built environment as well as the history of medical care. Though focused on the United States, the author is careful to contextualise American developments with references to parallel English and European projects. The author (and her publisher) are also to be congratulated on the book’s constructive and generous use of visual materials, photographs, plans, and architectural renderings. It is, in short, an admirable contribution to interdisciplinary scholarship.

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Readers of this journal will be familiar with at least some of Carole Rawcliffe’s many publications on late medieval medicine. From her early (and ongoing) examination of the hospitals and medical practices and practitioners of medieval England, to her later studies on healing gardens, leprosy and lepers, and public and communal health, Rawcliffe’s work has informed and inspired generations of medical historians. What historians of medicine may not realise is that Rawcliffe is also a well-respected mentor and literata on many other medieval history topics. This collection of nine essays written in Rawcliffe’s honour highlights and exemplifies the extent of her influence across a broad spectrum of historical subjects.

The volume begins with a touching set of tributes that span the full range of Rawcliffe’s professional life, from her early days as a graduate student researching English aristocracy, through her time working at the Royal Commission on Historical Manuscripts and later on the History of Parliament project, to her long and rewarding career at the University of East Anglia. The tributes do not only highlight her many academic and employment achievements, though: generously sprinkled throughout are humorous references to Rawcliffe’s dogs, her sense of fashion, and her attention to detail.

Rawcliffe hails from Yorkshire, but several of the volume’s essays give homage to her long-term residence in East Anglia and her dedicated academic study of medieval Norwich. Brian Ayers unpacks and re-interprets older historical and archaeological studies of Coslany, a long neglected – and largely disparaged – north-western district of later medieval Norwich. Although Coslany remained detached from Norwich’s ‘cohesive and unified urban centre’ (p. 7) well into the Middle Ages, Ayers argues that the district, and the Anglo-Scandinavian manor that likely controlled much of it, played a significant role in the city’s complex process of urban growth. Carole Hill offers keen insight into the way that Norwich’s wealthy merchants interpreted and displayed their piety in the long fifteenth century, especially upon their deaths. The monumental brasses and testamentary bequests of the Baxters and the Purdans, for example, along with material donations made by other residents ‘provide a chink through which to view the commercial, political and spiritual life’ of the city’s deeply interconnected secular and spiritual communities (p. 140). They also demonstrate a trend towards less ostentatious commemorative gifts in an era during