

quittèrent la région pour le sud des États-Unis et le Tiers monde, l'histoire de l'ITU tirait à sa fin.

Gerstle maîtrise à merveille l'historiographie américaine et il fait montre de beaucoup de circonspection envers ses sources. Pourtant, sa description de la culture canadienne-française n'atteint pas la même qualité que le reste du livre. Son chapitre sur les Canadiens français témoigne d'une connaissance quelque peu superficielle de l'historiographie québécoise. Pour lui, l'idéologie de la survivance nationale constitue le thème explicatif de leur histoire : ils rejetèrent en masse la langue, la religion, les institutions du conquérant anglais et même l'avènement de la révolution industrielle. Les immigrants canadiens-français transposèrent cette vision du monde en Nouvelle-Angleterre. Il est déconcertant qu'un historien de la trempe de Gerstle ne soit pas plus critique envers cette interprétation de l'histoire du Canada français et qu'il n'ait pas étudié davantage l'historiographie québécoise récente.

L'immigrant canadien-français de Gerstle ne fait pas montre de beaucoup d'indépendance envers les élites, en particulier le clergé, qui l'empêchent de développer une conscience de classe, ce qui freine son insertion dans le monde syndical américain. Gerstle tient peu compte d'autres facteurs, tel le processus migratoire bien spécifique des Canadiens français. À la suite de Pierre Anctil, il décrit le Canadien français (il est significatif qu'il préfère ce terme à celui de « Franco-Américain ») de Woonsocket au 20^e siècle comme un être essentiellement tourné vers un passé rural idéalisé. Pour lui, un syndicaliste de la décennie de 1930 vit dans deux mondes différents parce qu'il est militant et qu'il envoie en même temps ses filles au couvent (123).

Dans cette optique, l'acculturation des immigrants canadiens-français ne commence qu'après la Première Guerre, et n'est pas encore complétée quarante ans plus tard. C'est mal connaître la réalité franco-américaine; c'est sous-estimer la capacité d'uniformisation de la culture américaine. Tôt, celle-ci apparaît aux ouvriers canadiens-français supérieure à leur culture ethnique, synonyme pour certains de pauvreté et de misère.

Qu'une telle critique puisse être faite envers une œuvre imposante comme *Working-class Americanism* démontre une fois de plus qu'il faut jeter des ponts entre chercheurs canadiens et américains et entre historiens du monde du travail et historiens de l'immigration et de l'ethnicité.

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Lindsay Granshaw and Roy Porter, eds. — *The Hospital in History*. London and New York: Routledge, 1989. Pp. i, 273.

The social history of medicine is a rapidly developing field of historical research. Within its ever-widening boundaries, the role of the hospital in history has begun to attract considerable attention because of the central place that hospital-based health care, and public policy debates associated with it, occupy in modern society. The evolution of the institutional structure and functions of the modern hospital and

of the range and quality of medical services it provided, its historical sources of income and expenditure, its changing styles of architecture and management, its evolving admissions policies and their social structural as well as medical implications, shifting patterns of hospital morbidity, the nature of the institutional "culture" experienced by patients from time to time, and the social, scientific, economic and political relationships between the hospital and the wider community of users, supporters, regulators and critics are just some of the themes that make the history of the hospital a paradigm of modern social history.

The usefulness of *The Hospital in History* lies in the way its ten well-written essays, taken together, manage to embrace and illustrate most of the themes catalogued above in spite of the fact that the papers are the products of narrowly-defined discrete research problems that cover nearly a millennium of history and span two continents and five countries. Originally written as contributions for a seminar sponsored by London's Wellcome Institute, the essays deal with subjects as disparate as an inventory of hospitals in medieval England, the origins of children's hospitals in nineteenth-century Germany, and the professionalization of hospital administration in early twentieth-century America. But because each paper nicely illustrates a central problem in the historical transformation of the hospital irrespective of the special circumstances of geography and culture, the overall effect is less that of a collection of essays than of a "reader" of purposeful case studies linked by recurring themes.

Thus, Martha Carlin's essay on medieval England hospitals stresses the extent to which, with the exception of leprosaria, Church-sponsored hospitals customarily excluded the sick poor, especially the chronically ill, as an "unwelcome or impossible" financial burden (25). Medieval hospitals most commonly functioned as almshouses or as hospices for the care of strangers (travellers and pilgrims), rarely providing medical or nursing services. In a subsequent essay on medieval English hospitals, Miri Rubin suggests that during the period of economic transformation beginning in the mid-thirteenth century, urbanization and industrialization promoted a redefinition of the hospital as a civic responsibility to improve the lot of the working poor, including the sick poor. This initiative gave way, during the economic decline following the Black Death, to privately endowed but nevertheless pietistic charitable hospitals established for the relief of the deserving poor as a measure of social control. By contrast, Renaissance Florence boasted a hospital for every 90 inhabitants, including institutions organized to provide medical and nursing care specifically for women, children or the dependents of artisans who comprised the city's various guilds and craft companies. From the outset, in short, the role of the hospital in society was defined partly by economic and partly by social considerations within the larger context of the charitable obligations imposed on individuals and societies by Christian piety.

By the eighteenth century, as examples from the history of English and Savoyard hospitals illustrate, self-interest, or at least class interests, had begun to replace altruism as the justification for hospital patronage. In eighteenth-century Turin, according to Sandra Cavallo, the major charitable institutions, including hospitals, played a central role in the city's economy as landlords, employers and, above all, as bankers whose endowments and investments were a source of relatively cheap credit for, and a safe depository for the assets of, their elite patron/clients whose transactions and benefactions produced care for the city's sick poor. The voluntary local infirmity movement in Georgian England, as described by Roy Porter's essay, was sustained by similarly utilitarian motives. It was an act, he argues, of

“conspicuous, self-congratulatory, stage-managed *noblesse oblige*” on the part of capital to mitigate the threat of class warfare, to fabricate a new bond of unity among the fractious ruling class and to promote civic loyalty by throwing “a cloak of charity over the bones of ... repression” (152). Later, in the hands of the Victorian aristocracy, the local charity hospital became one instrument of the propertied classes’ continuing cultural hegemony, the counterweight to their declining political influence. Edward Seidler’s essay on the history of children’s hospital offers a contrasting view of the hospital-founding impulse in the eighteenth and nineteenth centuries, in this case the Enlightenment’s discovery of childhood as an important stage of life in itself, one requiring special care, including medical care provided by pædiatric hospitals, to nurture children as social resources. Other forms of medical specialism emerged in the nineteenth century and, as Lindsay Granshaw explains, attracted ambitious entrepreneurs who, finding themselves excluded from prestigious appointments in established hospitals, created their own private, and highly successful, venues for the practice of medicine in the form of specialist hospitals and dispensaries. Caroline Murphy’s essay examines the history of one type of specialized hospital, the cancer hospital, from the perspective of the historical dichotomy in Britain between the impulse to provide specialized treatment for cancer patients to prolong life, and the need to assist the terminally ill to die dignified and relatively pain-free deaths.

The modern hospital, as we know it, emerged in the two decades prior to the First World War. One result was the professionalization of hospital management. Morris Vogel’s essay describes the rise of a new type of superintendent who possessed the technical expertise to manage successfully a financially, politically and socially complex enterprise in which various vested interests — doctors, patients, trustees and governments — vied for ultimate control. Craig Rose’s essay on the struggle between Tories and Whigs to control London’s royal hospitals from 1683 to the Glorious Revolution might seem out of place in this collection. In the light of Vogel’s conclusion that it is the skilled modern American hospital superintendent/administrator who has successfully bureaucratized the effects of external political intervention on the institution, Rose’s essay is a nice reminder that whenever politics and medical charity have gone head to head, the outcome usually has been predictable.

The foregoing discussion of necessity somewhat forces the linkages between these ten essays and overlooks broad areas of intellectual and even ideological disagreement among the contributors. It might also be noted that none of these essays breaks new methodological ground, and that the volume contains no essays on the practice of medicine in a hospital setting. The authors are preoccupied with the changing moral and political economies of medical philanthropy from the remote to the recent past. Within this context, the editors and contributors have produced an eminently readable, and useful, set of papers.

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