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Yannick Marec, ed., *Accueillir ou soigner? L'hôpital et ses alternatives du Moyen Âge à nos jours*. Rouen and Le Havre: Publications des Universités de Rouen et du Havre, 2007. 453 pp. Maps, tables, figures, notes and index. € 35.00. ISBN 978-2-87775-423-1.

Review by Daniel Hickey, Emeritus, Université de Moncton.

This book presents the results of a pluridisciplinary conference held in January 2006 to mark the opening of a new hospital in Fécamp (France) and a thousand years of hospital service in the town. It concentrates on the Normandy hospital as a “representation” of national and international themes concerning hospital history with its medical, social and ethnological repercussions. Twenty-two scholars contributed papers. They were oriented around three different themes which became the divisions of the book. The first and principal theme concerned the historical, architectural and medical evolution of the Fécamp hospital. The second developed the general evolution of small French hospitals from institutions for lodging and feeding the sick and the poor to centers for caring for and healing them. The final theme concentrated on the outpatients’ services and complimentary care units set up beyond the walls of the hospital.

As in many collective works, the contributions to *Accueillir ou soigner?* are uneven and do not always contribute adequately to the three themes retained in the book. Nevertheless, some of the papers are real gems. Using the themes retained, I have tried to concentrate on the contributions that best develop the central questions set forth by the editor Yannick Marec.

The first theme, reflecting on the Fécamp Hospital as representative of local and national trends is well served by three contributions in historical and medical architecture. Katrin Brockhaus, a specialist in medical architecture, situated the role of medieval monasteries and particularly the Benedictine abbey of Fécamp within the context of Christian charity and care. As she noted, tradition held that anyone who knocked at the door of a monastery should be welcomed as if he or she were Christ himself. She distinguished three different spatial characteristics to the types of aid distributed by most monasteries. First, there was the hospice or hotelery to give shelter and food to the elite. Second, there were the *aumôneries* to give hand outs, money and shelter to the poor. Third, there was the institution that corresponded closest to the hospital, the monk’s infirmary, generally reserved for the sick and aged members of the religious community. The few sources available on the early history of the Fécamp monastery suggest that all of these structures were either within the abbey or the walls surrounding it. However, this and other papers underline the terrible lack of sources on the abbey, most having been dispersed or destroyed at the time of the French Revolution. Manolita Fréret-Filippi, another architectural historian, is the first to underline the major mid to late nineteenth century turning point that becomes the principal object of study in the book. For almost all the authors in the first section, this period marks the transition from a charitable based hospital, sheltering the sick and poor and the beginning of real care and treatment. For her, Fécamp essentially remained a charitable hospital up to and beyond this turning point. She concentrated her demonstration on the new Giverville Hospital in Fécamp, built between 1844 and 1849. Financed by a rich benefactor, Mme Fréret-Filippi shows that the building was not constructed according to the new norms for hospitals and the building design actually came from the older tradition. Despite being built in the 1840s, it was essentially a charitable

structure, designed by Abbé Robert, a priest from the Yvetôt seminary. The building did incorporate some of the newer hospital features like separating patient's pathologies into two wings, but did not have operating rooms and the religious symbolism remained omnipresent. It was organized around a central chapel that brought the two wings together. It was only in 1883 when the Saint Joseph pavilion was added to the hospital that patients were truly isolated according to their pathologies and only in 1901 did the local Fécamp architect Camille Albert design a new state-of-the-art operating room for the institution.

The excellent article by Dr Pierre-Louis Laget goes much further putting this architectural transition into context. Reviewing the general French approach to hospital design, he begins with the quarrels and in-fighting that occurred between surgeons and doctors, architects and politicians over where and how to rebuild the Paris Hôtel-Dieu, destroyed in a 1772 fire. Laget argues that after 1789, the new Revolutionary government stopped the Hôtel-Dieu project and all new hospital construction since it saw hospitals as based on what it considered an outdated notion of Christian charity. It proceeded to confiscate hospital holdings, trying to replace their services by a system of home care. The article argues that it was only around the 1850s after a series of national and international conferences on public health and hygiene that the French government began to seriously re-examine the question of how new hospitals should be built and what should be their internal organization. For the first time, doctors intervened in the debate to establish such norms. In 1864, when the French government under Napoleon II finally decided to reconstruct the Paris Hôtel-Dieu, the medical community was consulted during the planning stages. However, Laget points out that the architects paid little attention to the doctor's requests. Once the buildings were completed, Napoleon II had been deposed and the new government, faced with a series of new medical breakthroughs like asepsis and hygiene, had to make major readjustments to the building adapting it to the new clinical necessities. The work cost nearly 50 million *francs* and made the hospital one of the most costly projects of the period. Thereafter, as Laget demonstrates, doctors were able to impose the new notions of bacteriology and hygiene on virtually all new hospital construction from 1880 to 1930. In the period after World War I, however, in the name of cost and efficiency, architects and government officials regained the initiative and dominated the design and construction of hospitals with the building of new sanatoriums and the abandoning of the pavilion hospital design (promoted by the doctors) in favour of a regrouping of hospital services in single high-rise buildings.

The second theme of the book is supposed to go beyond the Fécamp model and concentrate on the general evolution of small French hospitals during the period of the previously mentioned turning point from charity to clinic. Most of the studies in this section concentrate on the internal functioning of these institutions, but frequently the articles question the timing or the wisdom of the nineteenth century turning point. Marie-Claude Dinet-Lecomte, a historian from the Université Jules-Verne (Picardy), argues that a first step toward improving hospital services in Fécamp had come much before the nineteenth century. She explains that the Fécamp abbey established a local community of Benedictine nuns in 1721 to staff, organize, and renew hospital services. Within the context of this first step toward improving hospital care, she sees Fécamp as something of an exception to the rule that such improvements were carried out by the major nursing congregations like the Sisters of Charity, the Sisters of Saint Joseph or the Sisters of Saint Thomas de Villeneuve. In her article, Mme Dinet-Lecomte raises important questions concerning the structural evolution of the different nursing congregations and their massive involvement in improving mid-seventeenth century hospital structures. I, however, would have liked to have learned more about the improvements, specifically how the nuns' service differed from that of the pious women who had previously staffed the hospital.

Olivier Faure, of the Université of Lyon III also returns to the mid-nineteenth and early twentieth century turning points to show how French officials actually engineered the attacks upon the inefficient and outdated rural hospitals. He shows that government reports from the mid-nineteenth century argued that a close examination of the large increase in the number of hospitals and hospital beds

showed that the additional patients were more the result of a rise in the number of aged patients in the system than they were a reflection of increased medicalization. Faure agrees that most of the small, rural hospitals that were being built, or expanded remained attached to the charitable hospital norms of the ancien régime and this fact displeased government officials. They proceeded to provoke a national debate over this question. Faure shows that in this debate numerous experts and the general public took the side of the small hospices or rural hospitals, less expensive to operate, more oriented toward patient care, closer to the public and less destructive of family ties than were the larger, impersonal establishments. In fact, for Faure, the discovery of the social problem of aging was the veritable motor force behind these institutions. Nevertheless, at the high point of small hospital building in the 1890s, these small institutions were challenged by the new Conseil supérieur de l'Assistance. This governmental body multiplied enquiries and reports on the small hospitals, showing that they lacked adequate medical equipment and did not conform to the new norms of hygiene and aseptic principles. The centralizers argued that only hospitals with more than fifty beds merited the status of a hospital. The smaller services were to become infirmaries, clinics, transition services, or were to be simply shut down. Olivier Hutet, a doctoral student at the Université de Rouen also concentrates on debunking the sacrosanct late nineteenth-century turning point. He shows the different ways transitional elements of medicalization were introduced to the Fécamp hospital. Although the hospital buildings and organization remained characteristic of a traditional charitable institution, for him, small incremental steps toward the new medical tradition can be identified: from the 1830s and 1840s menus and the food intake of patients were more closely watched over by the doctors, the nursing nuns took on more medicalized tasks, the sister superior participated actively in the management of the institution and the hospital administrative commission assumed a more active role in ensuring that the national norms were followed.

The final section of the book emphasizes the social and public health innovations that took place outside the hospital framework. The Gouttes de Lait dispensaries in Fécamp and elsewhere in France considerably reduced infant and child mortality between the 1870s and the early twentieth century. Christiane Douyère-Demeulenaere and Florence Levert, respectively archivist and museologist, show how the dispensary in Fécamp, established in 1894, insisted on the pasteurisation and sterilization of the milk and milk bottles distributed to the mothers of newborns. It also provided these mothers with the appropriate foodstuffs for babies. Yannick Marec, history professor at the Université de Rouen, contributed an article on the dispensaries for sick children founded at Le Havre in 1875, at Rouen between 1881 and 1886 and at Fécamp in 1900. These institutions treated a considerable number of patients at a fraction of the cost of hospital treatment and led to heated debates between supporters of hospitals and dispensaries. Despite their successes, however, the Normandy dispensaries declined after 1900 and disappeared by 1927. Unfortunately Professor Marec gives limited detail concerning the arguments against the dispensaries that led to their downfall.

This hybrid collection does include a number of original and well-researched contributions that add to our knowledge and to the thematic structure of hospital history. Unfortunately, there are too many papers that do not really address the three themes retained and numerous papers that contradict each other without being placed in their proper context. In other words, this is an uneven publication of papers with high points and low points. The reader has to pick and choose among them.

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