

**Fritz Krafft.** *Christus als Apotheker: Ursprung, Aussage und Geschichte eines christlichen Sinnbildes.* (Schriften der Universitätsbibliothek Marburg, 104.) x + 286 pp., illus., index. Marburg: Universitätsbibliothek, 2001.

Pictures of Christ as a pharmacist distributing medicines for the soul became popular in German Christian devotion in the beginning of the seventeenth century. The German novelist Theodor Fontane was one of the first to draw the public's attention to this remarkable imagery. In his voluminous *Wanderungen durch die Mark Brandenburg* he provides a long—though not always accurate—description of one such image: an oil painting he saw in a church he passed in his wanderings through Brandenburg. The painting shows Christ in a red garment standing behind a pharmacy counter. His right hand is reaching into a container filled with herbs that carry a symbolic name (*Kreuzwurzeln*: “cross roots”). It is not surprising that Fontane was fascinated, for the painting was a fantastic allegory bringing together two entirely different worlds: religion and medicine. He thought he had seen a unique piece of art, but it has now become clear that the portrayal of Christ as a healer of the soul distributing spiritual medicines was a common theme, particularly in southern Germany, Switzerland, and Austria.

Since Fontane, the topic has been studied and discussed by a variety of scholars, including (art) historians, theologians, and pharmacists. In his study of such imagery Fritz Krafft, a historian, refers to some two hundred publications, almost all in German and so, unfortunately, not accessible to an international readership. He provides us with an extremely detailed description of the history and diffusion of these devotional images, which include oil paintings, copper plates, drawings used as illustrations in devotional books, and stained-glass windows.

A description of one famous painting, held at the Pharmacy Museum in Heidelberg, may help the reader to grasp the rich symbolism that the pharmacy offers the religious artist. The figure of Christ is conventional: he has long hair, a beard, and a halo and wears the familiar long robe. What is unusual is the setting. Christ is depicted leaning against the counter of a pharmacy. In his left hand he holds a scale, a common tool in traditional pharmacy. On the counter are the symbols of Faith (a chalice with host), Hope (an anchor), and Love (a red burning heart). An open book shows a passage from the Bible: “Blessed are those who hear the word of God and keep it.” A sheet of paper draped over

the edge of the counter bears the following text: “Come to me all who labor and are heavily laden and I will give you rest; call to me and I will listen to you; seek and you will find; ask and you will receive; knock and it will be opened to you.” Behind the counter are three shelves lined with medicine bottles. On the bottom shelf we can read the labels of four bottles: *Augenwasser*, *Magenwasser*, *Herzwasser*, and *Kraftwasser* (eye water, stomach water, heart water, and power water). On the middle shelf are seven bottles containing *Freigebigkeit*, *Barmherzigkeit*, *Frölichkeit*, *[Freund]lichkeit*, *Inbrünstigkeit*, *Gutmütigkeit*, and *Freiherzigkeit* (generosity, mercifulness, joyfulness, kindness, fervor, good-naturedness, and full-heartedness). On the top shelf are another seven bottles containing more “medicines”: *Grosmuth*, *Reinlichkeit*, *Tugend-samkeit*, *Gottesfurcht*, *Gehorsamkeit*, *Heilichkeit*, and *Beständigkeit* (magnanimity, purity, virtuousness, fear of God, obedience, holiness, and steadfastness). In the background is a picture of Christ healing a blind man in front of the temple.

The painting is an elaborate allegory. The objects of the pharmacy take on a spiritual meaning. The medicines become Christian virtues, which are needed to achieve spiritual “health.” One can obtain these “medicines” from the “pharmacist,” Christ. The book and the paper on the counter show us prescriptions—not for the body, but for the soul. The scale, in conventional pharmacy an instrument for measuring the correct dosage of medicine, is here a symbol referring to the Last Judgment.

For students of religion, the theme is interesting for obvious reasons. It shows how religious ideas and biblical texts were represented and developed in popular culture over a period of three centuries. The fact that the imagery crossed the boundaries of Protestant and Catholic Christianity is particularly relevant because of the usually strong opposition between these groups. The topic is fascinating to me, a medical anthropologist, because it demonstrates the immense symbolic potential of medicine in human culture. For historians of science, the pictures of Christ in a pharmacy are valuable because they depict the interiors of seventeenth-, eighteenth-, and nineteenth-century pharmacies in that part of Europe. While focusing on spiritual matters, the artists have in fact provided us with accurate representations of the “earthly” pharmacy as they knew it. It is significant that the images themselves also moved from the attention of the religious world to that of the pharmacists. Krafft tells us that the paintings were increasingly pur-

chased and copied by members of the profession to decorate their pharmacies and homes.

The topic is indeed fascinating, as Fontane observed as early as 1872, but it has yet to receive the international attention—particularly treatment in English—that it deserves.

SJAAK VAN DER GEEST

**J. T. H. Connor.** *Doing Good: The Life of Toronto's General Hospital.* xi + 342 pp., illus., tables, notes, index. Toronto: University of Toronto Press, 2000. \$60, £40.

J. T. H. Connor's book is about the history of a country, a society, and a class, manifested as a hospital. It is a history of Toronto, as much as of the Toronto General. Inspired, perhaps, by the availability of records of the hospital's governors going back to its beginnings in 1829, Connor's chapters trace an evolving prosopography of the hospital's board of governors as they existed in successive historical eras: first as colonial gentlemen from prominent families doing good to indigents and immigrants; then as wealthy Victorian merchants raising funds and putting their own money into expansion and solid buildings; then as corporate executives in the American manner, discussing mergers and consolidations, but still held together by family relationships and marriages and by donations to the hospital. Anglican Tories gave place to Methodists and Liberals, as Christian charity seceded first into public funding and public duty and later into fiscal responsibility and restraint. Medical personnel were inevitably a part of the hospital scene, but they rarely enjoyed the social distinction that was required for a seat on the board.

The links with the university, too, are part of Toronto's history. From the eighteenth century onward, the teaching of medicine had required a hospital. Competing medical schools, with competing religious affiliations and feisty leaders, struggled for preferment, access, and cadavers up till the late nineteenth century, when all subsided together into the university. Specious and unarguable reasons were advanced by board members as to why neither women nor Jews were welcome to study or serve in the hospital. It was said that there were no toilets for them in the one case and that people would not like living with them in such close quarters in the other. These leaders of society clearly endorsed such views themselves.

Records of the patients—the patient class, one might say—have not been as easy to find as those of the gentlemen of the board. Following

its incorporation in 1847, the Toronto General Hospital furnished a return to the government giving statistical details on admissions: Connor cites patients' occupations (mainly laborers and the very poor), places of birth (80 percent were from Ireland), diagnoses (30 percent were fevers, including intermittent fevers or malaria and continued or "communis" fevers, mainly typhoid and typhus). Respiratory disease accounted for about 9 percent of admissions and 18 percent of deaths. But patient voices are elusive: only interesting cases from the medical journals and press reports of the ejection of the unruly mention the individual. Connor has no accounts by patients of their hospital stay, perhaps a reflection of low levels of literacy but also, perhaps, of a lack of note taking by attending doctors. It is not clear when the keeping of individual case files began, a detail that would have been of interest and might have had something to say about the introduction and standardization of physical examination methods, tests, and treatments in the hospital setting. If they did exist for the early period, such records were not made available to the historian, even on conditions of anonymity. As a citizen, he would, of course, have been bound to see someone he recognized. As time went on, the sick poor became an ever-decreasing proportion of the patient body. Each successive rebuilding of the hospital provided more space for paying patients, as medical activity for all classes focused more and more on the hospital and as more of the hospital's revenues depended on those with resources of their own.

Connor has done his research meticulously. He has read everything—government returns and journals, archives of the country, the province, the city, and the hospital, nineteenth-century newspapers and medical journals, collections of letters, and secondary material—fitting them all together into an exquisitely solid and detailed picture of a civic leadership. I have two criticisms, however. The first is that the effect on hospital and society of the arrival of successive waves of health insurance legislation in the 1960s and 1970s is not very explicitly discussed. The second is that there is no bibliography, which makes the book more difficult to use. But to make up for that, the analytical index is exceptionally well done.

This book is a hospital history, a member of a rather humble genre that seldom has anything much to say about the society in which its hospital finds itself. This one is more than that, though: it is a history of the Anglo-Canadian ruling class, focused on its efforts to do good through an institution that reflected its religious