

Rudolph Ladan, *Gezondheidszorg in Leiden in de late middeleeuwen*, Hilversum: Verloren, 2012. 360 pp. ISBN 978-90-8704-315-5. € 32.00.

In this book, originally defended as a Ph.D. thesis at the University of Leiden, Rudolph Ladan deals extensively and systematically with the health care system in the important town of Leiden in the county of Holland during the fifteenth and sixteenth centuries (1395–1610). His main research topic is the way in which the people of Leiden, the municipality, and the medical professionals dealt with the need for medical care in reaction to illness and disease. According to Ladan, this occurred in a ‘medical market’, with the sick people on the demand side and the suppliers of medical care on the other. The book starts with a general introduction into medieval health care, and an outline of some characteristics of research into it. It continues its introduction with the history of Leiden, with its rapid changes in population, followed by an overview of late medieval health care in Leiden properly. Next to a chapter on mortality crises and epidemics in Leiden, chapters follow on hospitals in Leiden, on the physicians or *doctores medicinae*, on surgeons and barbers, on midwives, and, finally, on apothecaries. Appendices follow with the names of all of the ‘medical people’, with some details on their lives in the endnotes, as well as a discussion of the data on all of the mortality crises.

The book fills a gap in Dutch historiography. Most of the older studies are institutional stories, outlining the history of a hospital from the 1400s or 1600s until the twentieth century, or of a particular medical profession. Most new research focuses on the Early Modern or Modern period. However, Ladan makes a strong case for the Later Middle Ages as a crucial formative period in medical care, especially in Leiden during the 1450s and 1460s, in reaction to the rapid growth of the population and all its ensuing problems and pressures. Ladan uses mainly administrative sources, like accounts of hospitals, town regulations, and judicial actions. On the basis of this, he reconstructs, as completely as possible for a town in Holland, the medical professions, how they were regulated and how they functioned and conflicted. His research is thorough and solid, his scrutiny admirable, his picture more complete and encompassing than earlier studies. On average, Leiden numbered, from the end of the fifteenth century onwards, between two to five physicians, ten to twenty surgeon-barbers, four to seven midwives, and two and five apothecaries – for a population varying between 14,000 and 24,000.

Especially two aspects of this study seem to me to be relevant to other fields too. The first one is his precise reconstruction of the mortality crises in over two centuries, calculated from a 20% (39 times) and a 50%

(28 times) increase in mortality over 216 years, compared to a moving nine-year average. This meant a mortality crisis once every six years, and a severe crisis once every eight years. Almost always, acute infectious diseases were to blame for severe mortality crises; at least eighteen out of twenty times, the disease was the plague. Famine itself was not an important independent cause of peak mortality; war even less so, although both could accelerate the outbreak or consequences of disease. Ladan's series is a fine bench mark for future research, to test and compare other data.

The second aspect concerns the role of the municipal government, or the comital one. The role of the count or the county of Holland was negligible. Neither was the town council responsible for the arrangement of most of the medical care system, apart from some exceptional cases like the English sweating disease or the arrival of syphilis. The aldermen rarely discussed it, rarely anticipated problems or took precautions, and most often just reacted during a crisis. It was the urban community itself who took care of most of the burden by spreading this throughout the town. Here, Ladan makes some acute observations on the way the aldermen conceived and perceived the 'common good' for which they were responsible. This entailed in the first place the general state of affairs in the town, not the fate of the individual citizen or the medical care system itself.

Ladan's book suffers from several shortcomings, however. One of them is a lack of comparison and a lack of a broader view. It seems to me to be more and more characteristic of some Dutch Ph.D. theses to stick resolutely and rigorously to one's own topic, Leiden in this instance, hardly glancing over its walls at all. This comes with two consequences: a loss of relevance of results, and a missed opportunity to fill gaps in Leiden's data and archivalia with material, conclusions, and hypotheses from elsewhere. I have rarely read a Dutch Ph.D. thesis using so little of the abundant material in French (one secondary source) or German historiography (two German secondary sources, one of them specifically dealing with Leiden), barely referenced at all. Dutch historiography suffers the same fate, however. Female medical professionals are dealt with by a reference to a book by Monica Green. The interesting cultural discussion in the work of Orlanda Lie is passed over. The most important Dutch book on the history of the medieval medical profession of the past century, Huizenga's thorough discussion of the relation between physicians and surgeons, suffers the same fate, although Ladan succinctly discusses the topic.

Several times a more thorough discussion is lacking. Seven of the mortality crises are not elucidated or explained in Leiden's sources. Ladan does not use any outside material to try to solve this problem; maybe sources from Amsterdam, Haarlem, or Utrecht mention the plague? In

1581, 87% of Leiden's hospital population consisted of women. One of several possible explanations made by Ladan might be a 'cultural patron'. Tantalizing! However, no further comparison is made with other cities. Only once, salaries, expenses, and all the other important financial information in his study are contextualized by a comparison with wages in Leiden. They are rarely compared to other towns: Was Leiden cheap or did it invest heavily in its medical care system? Maybe the recent comparative dissertation of Auke Rijpma on public services in the Low Countries was still unavailable during the writing of the book, but comparable work from elsewhere certainly was available. Ladan here defends himself, stating the impossibility of researching all these topics. Quite true, but was this not just as crucial, or even more crucial, for evaluating the role of Leiden's government as some other questions dealt with extensively? The same holds true for the *meesteressen*, female surgeons, or medical professionals who also treated men; any context out of Leiden is missing. A typical example of this attitude is featured on page 190, where Ladan states 'that no hard evidence exists for Leiden' to prove his suggestion that a midwife was involved in every birthing. What about other places?

Municipal records have their shortcomings. Ladan discusses all the physicians mentioned in Leiden's sources. Almost no physician is mentioned in them for the first half of the fifteenth century. But does this mean that the citizens of Leiden had no access to physicians at all? A look outside municipals records suggests otherwise. Physicians were university trained. Most early students were in clerical orders. Studies on clergy and university students of the first half of the fifteenth century show three physicians of the counts of Holland originating from Leiden (Jan Reiniersz, Sr. and Jr., and Jan van Leiden). Furthermore, other Leidenaars like Willem Woman van Gouda, and Bartholomeus van Ethen, brother to Leiden's pensionary, were *doctores medicinae*. Three of them were rector and professor of medicine at the universities of Paris or Cologne; at least two of them were canons of Leiden, and at least two of them were in possession of medical treatises (the last a factor Ladan was searching for). It cannot be proved that they practised in Leiden – although Jan van Leiden treated the countess of Holland in nearby Teilingen, but they certainly were part of a learned, medical network, which the municipality or the citizens of Leiden could consult.

Ladan often expertly discusses his sources. Elsewhere, a more critical attitude is absent. Examples of this are his discussion of the title *magister* – who could hold a doctorate regardless of what Ladan states – and the career of the surgeon-doctor Jacob van der Werchorst. The best examples, however, are the conflicts around the physician Andries Salomon, and his ultimate punishment and banishment in 1561, and the surgeon Jan de Juede

(John the Jew) in 1466. Nowhere in his discussion does Ladan deem it necessary to mention that both contested professionals were Jews – one wonders whether antisemitism could have played a role? This is further highlighted by the fact that his secondary sources do tackle it.

Finally, the author's main research topic is the 'medical market', with its demand and supply. Ladan tries to write a new kind of social history of medicine, no longer only focusing on the institutions and professionals, but with a keen interest in the reciprocity of demand and supply. Here, however, his municipal records fail him. Illustrative is Ladan's conclusion that quacks could not have had a fair share in the market because the guilds had strict regulations and measures, and because municipal records only rarely mention them. A lot is not mentioned there, or strictly regulated, but nevertheless does occur. The author is aware of the role of family, of self-help, of religion, of masses, processions, and pilgrimages, and the manifold apotropeic options open to the public, but he never discusses them – because his institutional and municipal sources rarely mention them. In the end, his study of a medical market of demand and supply is very much a study in supply, never starting from the side of demand and the public. It is a valuable contribution, rich in information, but biased and one-sided by limiting itself to Leiden's institutional sources.

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