Jane L. Stevens Crawshaw, *Plague Hospitals: Public Health for the City in Early Modern Venice*, xiv +290 pp., Farnham: Ashgate Publishing Limited, 2012.

The *lazaretto*, or plague hospital, was an important element in the public health strategies of many European cities in the early modern period. This book provides a comprehensive assessment of the multiple functions of this institution. It focuses on Venice’s distinctive use of islands in the city’s lagoon as quarantine centers, hospitals and cemeteries. The author also evaluates the ways in which the Venetian *lazaretti* were distinctive and draws on material from other northern Italian contexts where documentary sources for Venice are sparse or non-existent. The excellent introduction argues that “responses to the plague did not simply develop in early modern Europe because the problem of epidemics worsened. Centralised government’s developing responsibility for public health, social policies and urban space, and available investment, affected the form of the official policies” (7). Furthermore, the Counter-Reformation influenced the architecture of *lazaretti* in the late sixteenth and early seventeenth centuries, and stimulated a greater emphasis on the charitable purpose of the institutions. The design of *lazaretti* reflected their multifaceted purpose, as each typically included a chapel, space for the disinfection of goods, and the facility to care for patients in separated groups.

Chapter 1 examines contemporary descriptions and depictions of *lazaretti* and argues that isolation was perceived not simply as confinement, but also as a form of protection. Chapter 2 specifies how the sick were identified during plague epidemics and reflects on age, gender and social status as aspects of patient identity. Employment in the *lazaretto* was set down in statute, and chapter 3 draws attention to three main groups of workers. Priors oversaw the administration of the hospital, chaplains offered religious care, and body clearers dealt with burials. The role of the Priors evolved over time: in the fifteenth century the *lazaretti* were administered by a married couple and the Prioress had a distinct and significant role, whereas by the seventeenth century the Prior had become an office which could be carried out by substitutes. Although chapter 4 is constructed on fragmentary evidence, it offers a persuasive argument that the sick received treatment via their diet and the use of medical secrets administered by employed doctors. High levels of mortality during plague epidemics necessitated the use of mass graves, and stimulated charitable bequests to the *lazaretti*. All the same, admission to a *lazaretto* was not necessarily a death sentence, and chapter 6 discusses the formal provisions for the return to the city of those who survived quarantine. Since the goods of these individuals often remained in quarantine or had been destroyed, the city supplied clothing and bedding to the poor. This chapter also offers absorbing insights into the disinfection, disposal and theft of goods and quarantined merchandise.

In seeking to recover how these hospitals were understood at the time, the author has examined a wide range of archival sources including the letterbook of a Health Office doctor, and records from a number of Venetian magistracies. The volume also includes 32 plates, although some are analyzed more fully than others. A detailed account of the plague hospital in Genoa is utilized frequently, but with limited critical reflection on its author’s agenda. Occasionally a detail is repeated and there are a few errors of typography or translation (e.g. “tiger pellets” (239)). These quibbles aside, this book makes a significant contribution to the history of hospitals and the history of medicine more broadly. *Lazaretti* protected the city’s economy through their implementation of quarantine, offered medical and spiritual care to Venice’s inhabitants during outbreaks of plague, and functioned as sites of charity. This study reveals how *lazaretti* worked in practice, especially during the epidemics of 1555-8 and 1575-7. It also sheds light on the human dimension of public health measures, from a merchant’s complaint about damage to his goods, and the questioning of patients and relatives about potential vectors of infection, to the “intolerable workload” of a health office scribe.

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