Anne Borsay and Sara Knight (eds), *Medical records for the South Wales Coalfield, c. 1890–1948: an annotated guide to the South Wales Coalfield Collection*, Cardiff, University of Wales Press, 2007, pp. xiv, 416, illus., £60.00 (hardback 978-0-708-32047-1).

The growing sensitivity to the importance of region to the history of medicine has encouraged historians to look beyond national narratives. If considerable work is still needed on regional patterns, not all regions have received the same attention, and some, such as the South Wales coalfield, have been neglected by medical historians. Perhaps part of this neglect stems from the poor visibility of Welsh medical sources, at least for researchers outside Wales. As Borsay and Knight make clear, often searching for them in national collections "is a little like looking for the proverbial needle in a haystack" (p. 366). Their extremely useful annotated guide to the medical records in the South Wales Coalfield Collection reveals how one of the largest archives of its kind contains a wealth of archival material that relates to many of the research areas of current interest to social historians of medicine.

The result of a Research Resources in Medical History Award from the Wellcome Trust, this annotated guide has much to offer medical, urban and social historians interested in the period c. 1890 to 1948. The guide briefly traces the evolving historiography of the region, teasing out the links between industrialization, coal and health, occupational and community health. These themes persist throughout the volume, although, as the authors are careful to highlight, there was always far more to health in the South Wales coalfield than mining, pneumoconiosis, and the activities of the South Wales Miners' Federation. If there are omissions, including work by Evans on the Cardiff Royal Infirmary and by Stewart, Powell and others on interwar municipal medicine, the historiographical overview provides a concise sense of the literature and its limitations, and places the archival descriptions in context.

Borsay and Knight's sensitivity to context is reflected in each of the thematic sections. There

is a logical order to these. Divided between occupational and community health, and subdivided into themes familiar to social historians of medicine, they move from the diseases and injuries associated with mining and other industries, to safety and welfare at work before turning to community health to cover infectious diseases, sanitation and housing, food and nutrition, medical practitioners, health insurance and mutual aid, and medical institutions. Separate sections are included on women and children. The thematic structure makes the guide intuitive to use and emphasizes the diversity of the collection. To assist the researcher, each section contains a table of annotated references-including brief item and collection descriptions, date ranges, and details of document type and repository—to help them locate collections and sources. The guide also has useful appendixes on medical records relating to the coalfield beyond the collection, contact details of libraries and archives, a short biography, and a list of web resources. If these are not exhaustive, they offer researchers good starting points.

Each thematic section starts with a useful overview. These provide the reader with an informed and pithy summary of the relevant medical history that places the coalfield in a national context and exposes the problems faced and the solutions advanced, as well as drawing attention to material of particular interest. The emphasis here is implicitly on progress, on community health, voluntary provision, trade union activity and state intervention. If familiar stories are repeated—for example, the Tredegar Medical Aid Society providing Bevan with a model for the NHS—they mainly adopt a topdown perspective. Given that the collection contains over 600 hours of interviews and the personal papers of miners, it is a shame that more is not made of these resources or their value highlighted.

Overall, Borsay and Knight have performed a very valuable service: they have brought the wealth of medical history and related resources in the South Wales Coalfield Collection to light comprehensively and effectively. There are of course limitations to the collection—midwifery

and domestic medicine are hardly covered but one can hope that this timely guide will inspire medical historians to turn their attention to the South Wales coalfield and mine the rich sources available.

> **Keir Waddington**, University of Cardiff

**Steven Thompson**, *Unemployment, poverty and health in interwar South Wales*, Studies in Welsh History, Cardiff, University of Wales Press, 2006, pp. xvii, 296, £45.00 (hardback 978-0-7083-2042-6).

This book, developed from a doctoral thesis, contributes to the debate on whether the 1930s were "healthy or hungry" by exploring the variables affecting health in an area synonymous with mass unemployment and deprivation—South Wales. The first three chapters examine sources of income, the balancing of household budgets, and the consequences for diet and nutrition. This demonstrates that a straight division between the unwaged poor and those in work is misleading. For some, living on benefits provided, temporarily, a reasonable income, while wage earners might suffer prolonged periods of short-time working which plunged them into poverty.

Even more significant, however, may have been variations within the categories. As Thompson points out, different family units had to react and plan how they would spend the resources available. Social policy has traditionally assumed that redistribution stops at the door of the household—that is, that all household members have equal access to the resources available. Here, the analysis highlights one important factor that has previously been explored both historically by David Vincent, and contemporarily by Jan Pahl; the role of women as budget holders in poor households, particularly the need to keep the breadwinner active and its attendant consequences for the health of the women.

Other factors were important. South Wales had relatively high levels of owner occupiers whose resources were not depleted by rent payments. Non-monetary benefits—here represented by allotment cultivation and the keeping of pigs and other animals—also contributed to living standards, echoing contemporary debates about the definition of poverty in developing countries. Nonetheless, unemployed households generally spent significantly less, and consumption was weighted towards cheaper, bulkier items.

The next two chapters examine housing and environmental factors. Both housing standards and overcrowding contributed to poor health. New council housing was relatively restricted, and not until the 1933 Greenwood Act would new council house building directly impact on the poorest tenants. The heavy industry spread through the area had environmental effects. Given the nature of the work available in the South Wales area, it is surprising that neither industrial diseases nor industrial accidents feature in the index.

Classically the mixed economy of welfare is discussed in terms of the split between the funding and provision of services, and the matrix of possible methods of provision this produces, but in the next chapter on medical services available, it is used to identify the overlapping sectors of medical care used by the people of South Wales—the "popular", the "folk" and the "professional". Overall the picture confirms Julian Tudor Hart's inverse care law, with largely working-class communities reliant on lay resources and overworked doctors of varying quality.

The final two substantive chapters explore and disaggregate both general and child mortality statistics, producing insights into the possible effects of poverty on different groups. One problematic is that industrial depression and unemployment spark a natural response, which is migration in search of better employment opportunities. Among the young, the exodus was marked. To what extent did the migration of workers from the coalfields affect the medical outcomes of the remaining population?

This is a valuable and insightful study which deserves a wide readership. Its publication was funded by the Board of Celtic Studies, now defunct. It is to be hoped that other means of making studies in various aspects of Welsh