

Book Reviews

Hartog discusses improvements in public nutrition in Indonesia; P. Boomgaard uses medical records of smallpox vaccination in Java as a source for historical demography; and J. A. de Moor presents a colourful picture of the life of army doctors in the Archipelago, 1830–80. Finally, for a comparative perspective, Michael Worboys contributes a rapid overview of developments in tropical medicine in British India and tropical Africa after 1890. All these papers have the virtue of brevity, yet most are thoroughly documented. Apart from minor lapses (such as the mis-spelling of medicine in a chapter heading on p. 35, and of I. J. Catanach's name in a muddled footnote on p. 166), the book is neatly printed and well-bound. As usual with such collections, however, there is no subject index, merely an index of names.

Geoffrey W. Rice, University of Canterbury, New Zealand

BERNARD CASHMAN, *Private charity and the public purse. The development of Bedford General Hospital: 1794–1988*. Bedford, For the North Bedfordshire Health Authority, 1988, 8vo, pp. xxvii, 206, illus., £7.95 [plus £1.00 p&p if ordered from Mr T. Devine, Divisional Supplies Dept., Britannia Place, Bedford MK42 9DN], (paperback).

T. G. DAVIES, *Deeds not words: a history of the Swansea General and Eye Hospital 1817–1948*, Cardiff, University of Wales Press, 1988, 8vo, pp. xv, 259, illus., £7.95.

ARTHUR LEWIS WYMAN, *Medicine in the Parish of Fulham from the fourteenth century: Fulham Hospital 1884*, London, Fulham and Hammersmith Historical Society, 1988, 8vo, pp. x, 160, illus., £5.00 + .50 p & p from Miss E. J. Willson, Hon. Secretary, 56 Palewell Park, London SW14 8JH.

Hospital history flourishes, at least the kind that commemorates local initiative and is written for local readers. The authors of these are medical men: none would disagree with Cashman's conclusion that the problems still debated 40 years after the inception of the NHS are at least two centuries old and that the "range of possible solutions is strictly limited".

Amateur historians of hospitals have had a bad press in the last 20 years, especially among professional historians of hospitals. But Cashman, Davies, and Wyman are not Blimpish perpetrators of chatty and formless prose that ignores the wider context in favour of interminable summaries of the minutes of medical committee meetings. There are the funny stories that one might expect, but many have a point. "Dipping" at Gravesend was the Fulham prophylactic for victims of mad dogs: in a remarkable instance of carelessness in 1797, an entire family claimed to have been bitten, and all seven were sent to the seaside. After outbreaks of arson, violence, and structural demolition on the male side of the Bedford Union Workhouse in 1843, its master recommended that the matron be dismissed as on the *female* side it was "impossible to carry out the system". Hospital committees come to the gloomy realization that they can no longer afford an all-white, all-male medical staff: Swansea had refused interviews to eight women doctors and one (male) Indian by late 1904, when they hired a woman. By 1934, the Workers' Hospital Fund was the major contributor to the Bedford County Hospital's finances: its surgeon explained that the "upper classes had been hit very hard by taxation . . . so that the money had to come from a wider area".

The demolition of historic buildings provided incentives for Wyman's and Davies's histories, but none of the books really does justice to hospital architecture. The "Swansea Infirmary, for warm and cold Seawater bathing, and for the relief of the sick and lame poor from every part of the kingdom" accepted its first patients in 1817: Florence Nightingale, asked for her advice in 1864, wrote to Swansea that a "hospital is almost as difficult a place of construction as a watch and there is no building which requires more special knowledge." A *Report* prepared there in the late 1870s anthropomorphically refers to "traumatic infections [that] poison a building very persistently". And what about the facades? The *British Medical Journal* mused, in 1865, that Swansea had "always been, upon the whole, a foul spot", but judging from the photographs the hospital, with its Mansard roofs, turrets, and white trim, was positively skittish in style: such jollifications were doubtless to welcome the "sea breezes wafted straight across the broad Atlantic into its very wards" as a contemporary report trilled.

Book Reviews

Hospitals are institutions; they are also agglomerations of dispersed buildings. At any given time, all of these will be variously declared inadequate, under construction, having something tacked on, or altered to some different, generally lowlier, purpose. Plans are commissioned, and the money runs out; new plans are drawn up. The constant to-ing and fro-ing of the builders is difficult to control within the strictly chronological framework generally favoured by historians in this genre. The format has other drawbacks too: changing attitudes to venereal diseases are well illustrated at Swansea, for example, but even the best index cannot substitute for occasional summaries and glances forward and back.

The importance of books like these lies in their authors' fidelity to the primary sources, and the intelligence with which they synthesize them. The citation of these sources presents a problem: Davies points out that, as more than 1,200 references are made to documents in his book, it would be impossible to footnote them all. Consistent footnoting does, however, have the advantage of keeping the reader informed as to when, precisely, something happened without reducing the text to a staccato list of dates. Chronological "headers" of the sort sometimes found in biographies could also be useful.

The title of Wyman's book is oddly punctuated; it is the history of medical care in what is now a London suburb. The surviving Fulham parish records date from 1625; and it is at this point that he could free himself from the secondary sources, although his book makes excellent use of these throughout and is particularly strong on Fulham's figurative and literal relationships with the wider world. And very salutary stuff the parish records yield. Medical men were contracted to the Fulham workhouse (founded in the 1730s, it enjoyed purpose-built accommodation after 1774) after the submission of tenders; the paupers of Fulham had access to outside specialists who did not always donate their services, as did the eye doctor Baron de Wenzel. One of the most interesting sections concerns the parish's relationship with the voluntary and special hospitals, the "Salvation" (salivating) ward at St Thomas's; Bedlam and the Hoxton madhouses.

The Bedford House of Industry (1796) became, in the 1830s, the Bedford Union Workhouse: in the 1920s its infirmary, built in 1916, became St Peter's Hospital. As these changes of name suggest, it was the sick wards of the workhouse that eventually dominated its business—the same happened in Fulham—although Bedford's casual wards were open until 1949. In October 1922, 326 male casualties were received in one fortnight, 200 of them ex-soldiers. Fortunate were the veterans aided by Miss Gabriel's charity for cripples, the "Guild of Brave Poor Things" Although one might expect that his imagination would be more engaged by the voluntary County Hospital that eventually merged with St Peter's to form the Bedford General Hospital, Cashman's narrative is even better when dealing with the more picturesque and less medical events at the Union Workhouse.

The stories become duller as we move to the present day, and not just because many protagonists are still alive. Much more has to be summarized, as the numbers of staff members and departments increase. It is hard, too, not to see changes in the wider world, as reflected in the appearance of Friendly Societies and Worker's Hospital Funds, the National Insurance Act (1911), the Local Government Act (1929), and World War II's Emergency Hospital Scheme, as spoiling the fun; undermining the confidence of the voluntary hospital that had thought that the biggest threat to its jealous independence was another voluntary hospital. They had refused each other's patients, they had poached each other's subscribers. In what is probably the most telling story of all, the Swansea House Committee resolved that, as of 1 January 1945, the "privilege of recommending a patient will rest with the General Medical Practitioner".

Christine Stevenson, Wellcome Institute

A. McGEHEE HARVEY, GERT H. BRIEGER, SUSAN L. ABRAMS, and VICTOR A. McKUSICK, *A model of its kind*, vol. 1: *A centennial history of medicine at Johns Hopkins*, pp. xi, 372, \$30.00, £19.00;