

annual meeting of the BAAS in 1927 that there should be a comprehensive moratorium on scientific research. She also draws on the controversy to deconstruct dominant representations of rationality and Englishness. Working in the under-researched field of the history of inter-war university education, Keith Vernon describes University Grants Commission-inspired efforts to inculcate “culturally deprived” provincial students with “high levels of proficiency with a largeness of view, derived from . . . a disparate yet cohesive community of fellow scholars” (p. 180). In a pioneering voyage into the somewhat arcane world of biopolitics, Rhodri Hayward discovers unexpected intellectual threads connecting the ubiquitous Sir Arthur Keith to the maverick Morley Roberts, author of *Warfare in the human body* (1920) and *Malignancy and evolution* (1926). Finally, Lesley Hall provides an overview of the hectic life of Stella Brown, an activist in the Labour and Communist parties, the Fabian Society, the Workers’ Birth Control Group, the Malthusian League and (briefly) the Eugenics Society. Brown appears to have been less concerned with theoretically defining citizenship and regeneration than living the life of a regenerated citizen—and woman.

This collection contains a number of incisive contributions. However, it would have made for more compelling reading had the time-frame been extended to the mid-1950s, the moment at which patriotic “regeneration” came to be radically modified within increasingly consensual ideological and party political frameworks.

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Anne Hardy, *Health and medicine in Britain since 1860*, Social History in Perspective series, Basingstoke, Palgrave, 2001, pp. xi, 220, £14.99 (paperback 0-333-60011-4).

Anne Hardy has done those studying, and indeed teaching, the history of medicine

a considerable service with this work. Tightly and authoritatively written, without at any point lapsing into obscurity or unnecessarily technical language, the book deals chronologically with the period from the middle of the nineteenth century to the present day. Among the important issues which receive particular emphasis or are especially well developed are, first, the significance of war in shaping attitudes towards and developments in health and medicine. The Boer War, for example, raised widespread fears about the health of the nation, while the Great War was, as Hardy remarks, a watershed in a range of ways. Indeed this argument can be extended, as it is not explicitly in this particular work, to argue that the Cold War too had an impact on the way western societies viewed and operated their health and welfare systems. Second, the book as a whole benefits considerably from the author’s knowledge of medical science and her ability to present it in a comprehensible way. This is not always an easy task in a work of this sort but it is dealt with here in a skilful manner, thus potentially opening up the subject to a wide range of students of modern British history. Third, the chronological span of the book in itself is a positive attribute in that it allows us to move from the environmentalist, public health concerns of the mid to late nineteenth century (what the author describes as “an age of great cities”); through the rise of “scientific medicine” and the emphasis on individual care, an approach which reached its high point around the time of the creation of the National Health Service; to our own, more sceptical, age. As Anne Hardy points out, by the late twentieth century the British public was becoming increasingly conscious of problems, human and institutional, in the ways in which health care was being implemented; of the limitations on what medicine of itself could “deliver”; and of ongoing inequalities in health provision and outcomes. Placing such concerns in their

Book Reviews

long-term historical context is vital for their understanding.

Of course, it would be asking a lot of any text of this nature to be fully comprehensive. However it would perhaps have been worth paying a bit more attention to regional differences in health and medicine in the period concerned. Britain is not a homogeneous entity, in health or any other terms, as much recent historical work has pointed out. And in a series entitled 'Social History in Perspective' we could perhaps have used a bit more social history, perhaps even at the expense of the more obviously medical history. None the less, this is a work which is clearly ahead of anything else in the field and as such is to be warmly welcomed.

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Steven King, *Poverty and welfare in England, 1700–1850: a regional perspective*, Studies in Modern History, Manchester University Press, 2000, pp. x, 294, £15.00 (paperback 0-7190-4940-7).

They're hard up North. Or so Steven King suggests in this attempt to create a distinctly regional model of the implementation of the Old and New Poor Laws between 1700 and 1850. The north and west of the country were, in King's estimation, peopled by flint-hearted overseers and self-reliant paupers, whose rigid respectability meant that they would almost starve before applying for a few pence, and even then were likely to be refused. By contrast the southern and eastern counties of England were populated by "welfare junkies" (King's expression, p. 268) who turned to the parish at the least opportunity, and who were relieved with generous pensions, and a kindly word.

These characterizations are based on

detailed studies of endless overseers' accounts, and are the fruit of years of hard slog in county record offices and at the keyboard, entering statistics into innumerable databases. The result is perhaps the most comprehensive collection of statistical indicators for the implementation of the poor-relief system yet produced. And King uses this material in an attempt to undermine any possibility of generalizing about the Old Poor Law and the New, in favour of what he argues is an essentially incommensurate set of regional systems. His primary analytical division is that between the north and west (highland) regions, and the south and east (lowland) parts of England. This is, of course, a now classic boundary in English social and economic history, and seen to impact on everything from marriage and bastardy patterns to village layout and interpersonal relationships. But King wants to go further than this, attempting to subdivide the whole country into at least eight further sub-regions, and suggesting that even these should be broken down into ever smaller areas. This is reasonable enough, and King presents a generally convincing picture of how the individual regions differed. At the same time, this reviewer was left to wonder when we would be allowed to generalize? There were over 15,000 parishes in eighteenth-century England, each with its own traditions and culture. Unless we are able to aggregate the experience of these minuscule systems of relief into a broader, and indeed national, picture, we are doomed to miss the forest for the trees.

There is a further problem with King's approach. The book ends in 1850—the year in which England became a demonstrably and technically "urban" society. And yet King self-consciously and purposefully excludes both London and the other great cities of England from his analysis. As a result of this, and his concentration on settled pensioners, over the casual and itinerant poor, King selects those facets of the system which are most likely to evidence