

Book Reviews

ought to produce. Scholars in numerous fields will have much reason to be grateful.

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Mary J Dobson, *Contours of death and disease in early modern England*, Cambridge Studies in Population, Economy and Society in Past Time, 29, Cambridge University Press, 1997, pp. xix, 647, illus., £65.00, \$95.00 (0-521-40464-9).

Some observers in the seventeenth and eighteenth centuries were well aware of the significance of local “airs” and “waters” and the extent to which there was an apparent link between health and topography. Mary Dobson has pursued this theme for some time, following her doctoral dissertation of 1982, with the intention of providing a more rigorous explanation for the existence of significant spatial gradients of health. The present study is designed to recreate the epidemiological landscapes of the past, and to provide a clearer understanding of the spatial patterning of diseases in pre-industrial England. It focuses on south-east England, specifically the counties of Essex, Kent and Sussex, and by utilizing data from over 600 parishes Dobson is able to reveal the existence of significant, deep-seated regional differences in mortality which persisted into the nineteenth century. In particular, the high crude death rates in marshland communities, associated with an instability in the burial curve, reflected the presence of “black spots” on the mortality map of south-east England. Topographical features, specifically local geology, natural drainage and soil quality, continued to affect the disease panorama. The high mortality of marshland communities, specifically areas with slightly stagnant saline waters, on the basis of this analysis,

was essentially a result of the presence of the malaria mosquito vector, *Anopheles atroparvus*. In contrast to Mckeown’s view, malaria was a significant cause of high mortality in marshland parishes and its gradual disappearance was, in turn, primarily a result of environmental improvements, including drainage and new farming techniques.

The great merit of Dobson’s study is that it focuses attention on a number of factors that influenced mortality levels, such as topography and land-use characteristics, that are frequently neglected by historical demographers. The analysis is based on a very extensive range of parish registers, relevant archival material and contemporary topographical evidence. The emphasis on the key role of malaria in the saline marsh communities is well-sustained, despite the fact that the parish registers contain little concrete information on cause of death, a problem compounded by the symptom-based nosologies of the period in question. Mortality black-spots are defined, in the first instance, by the burial–baptism ratio, despite Dobson’s awareness of the varying extent of under-registration (particularly of infant deaths) and the absence of reliable information on age-specific migration. Geographical clustering may well negate “random deficiencies of parochial registration”, as Dobson suggests, but any meaningful discussion of spatial differences in life expectancy is undermined by the absence of information on the age structure of individual parishes. An undoubted strength of the study lies in its careful attention to the mortality of individual localities, but this is seldom supported by micro-level information on the nature of environmental change, medical provision, living standards, food supply and net nutritional status. Dobson implicitly accepts the fact that the secular pattern of mortality change in south-east England can be understood only on the basis of a disaggregated analysis of specific types of localities, by age, sex and social

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classification. But her excellent use of aggregate data effectively sets the agenda for future research in this field. There was clearly a link between the epidemiological history of pre-industrial England and the topography of individual localities. Significantly, a number of vicars in the eighteenth century refused to reside in their marshland parishes because of “unhealthy air”: given the predicted dangers of global-warming and the possible return of the malaria mosquito vector to the south coast of England, Dobson’s emphasis on the direct association between the environment and the epidemiology of a single disease will deservedly attract a great deal of attention.

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John Stewart, *‘The battle for health’: a political history of the Socialist Medical Association, 1930–51*, *The History of Medicine in Context*, Aldershot, Ashgate, 1999, pp. viii, 259, £49.50 (1-85928-218-0).

This book will be invaluable to anyone who is interested in the history of the British National Health Service (NHS) and in the important part that the Socialist Medical Association (SMA) played in its development.

Stewart starts by describing the origins of the concept of a state medical service. As early as 1907 the Fabian Society was advocating a nationalized medical service and Beatrice Webb had presented a memorandum on a unified medical service, with an emphasis on prevention, to the Royal Commission on the Poor Law.

The SMA was founded in 1930 by a small group of socialist doctors under the leadership of Dr Somerville Hastings, its first president, and Dr David Stark Murray, the tireless vice-president. The Association subsequently provided much of the basic

thinking behind the NHS, which was inaugurated in 1948.

Hastings was a distinguished consultant ear, nose and throat surgeon on the staff of the Middlesex Hospital. By 1930 he had also had considerable political experience as an MP and as a councillor on the London County Council. There were very few socialist doctors in England at that time and little attention was paid to them by the profession as a whole, but Hastings, because of his professional status and political experience, could not be ignored. As a councillor in the Labour LCC he was also playing a big part in upgrading the old Poor Law infirmaries in London into modern hospitals under the 1929 Local Government Act. As a young doctor I remember him as a cheerful, friendly and persuasive man coming to Sheffield to help us start a Sheffield branch of the SMA.

The initial aims of the SMA were “to work for a socialised medical service, both preventive and curative, free and open to all; to secure the highest possible standard of health for the British people and to propagandise for socialism within the medical and allied services”. Later, the SMA also came to advocate unification of the hospital service, that all doctors should be salaried and that the service should be democratically controlled and administered by the Local Authorities.

Stewart describes how the Association very soon became affiliated to the Labour Party and how important this was because it enabled Hastings and Stark Murray to go as delegates to the annual conferences of the party and to move resolutions in favour of a national health service. In this way, much of the programme recommended by the SMA became official Labour policy.

One of the most interesting sections of the book deals with the years after the return of the Labour Party to government in 1945 up to the inauguration of the NHS in 1948. The new minister of health, Nye Bevan, soon realized the strong position of the doctors, represented mainly by the