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century naval life and the enormous problems in treating sickness and attempting to prevent it through improvements in hygiene, diet and clothing; enormous problems which were the heartfelt concern of the three thoughtful and conscientious physicians. The extracts also emphasize that improvements were not only delayed by conservatism and by administrative red-tape, but also because sound empirical observations were often frustrated by incorrect theory. One of the greatest hindrances to medical progress during the period covered in the book (and for many years afterwards) was the un-sound theories about the causes of infectious diseases which included, for example, that of spontaneous generation, a doctrine inimical to constructive ideas for preventing the spread of contagious diseases.

Another problem was to explain, in the absence of knowledge of vitamin C, why the many recommended anti-scorbutics were effective. It must be remembered that Lind believed that many vegetables and fermented beverages, besides the lemon, had therapeutic value. It is a pity that space could not have been found for Lind's discussion of the antiscorbutic value of vegetables as it would have rationalized the many antiscorbutics mentioned in the extracts from Lind's work.

But it would be unfair to criticize on the grounds of what might have been included, for the aims of the book are admirably fulfilled. This indexed volume will not only fascinate those with a passing interest in the subject, but also provide a valuable introduction for those directly involved in the study of eighteenth-century naval and medical history and who will eventually wish to turn to the original works themselves. It must also be pointed out that the extracts include some of the source material for volume III of *Medicine and the Navy 1200–1900*, (1961), by Lloyd and Coulter, a volume which is indispensable background reading to this first publication of the Navy Records Society to deal with medical history.

J. K. CRELLIN

English Hospital Statistics, 1861–1938, by ROBERT PINKER, London, Heinemann, 1966, pp. xii, 162, 25s.

This companion volume to Brian Abel-Smith's *The Hospitals, 1800–1948* will prove valuable as a reference book. It will also be welcomed by research workers, for it will save them much time and effort. Although the book is only small, it is patent that an enormous amount of labour has been involved in collecting a mass of statistics and reducing them to comprehensive and comprehensible tables. That the study was necessary at all, reveals once again the blatant shortcomings in the Government statistical and information service, particularly in the nineteenth century. The author's achievement lies in his overcoming the difficulty of having a chaos of data provided in varying degrees of accuracy by a conglomeration of authorities, and in being able to present a clear picture of the various types of hospitals and their growth. But inadequate statistics, particularly on a national scale were completely in keeping with the diverse and complex hospital service which existed in England, and which had evolved piecemeal and without legislative guidance or control.

Throughout the work we are cautioned that the figures are often estimated approximations and in some instances far from reliable. The first quarter of the book has had

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to be devoted to an outline of sources and methods, but this long explanatory section is most welcome, as it makes an interesting and informative narrative. Mr. Pinker covers the types of hospital service available—the voluntary, the poor law and the local authority. He has a section on the number of patients, the average size of hospitals, bed provision, bed occupancy and the average length of patients' stay, concluding with a chapter on the complex subject of voluntary hospital finance. Sometimes London and provincial provisions are compared.

Besides supplying us with knowledge, this study gives us a few interestingly startling jolts. Two factors emerge very clearly. First, that although the voluntary hospitals have always received the honour and glory because of their historic significance and their contribution to medical knowledge and progress, the mass of the sick received institutional care, custodial or curative, in poor law hospitals, well into the twentieth century. In 1861 80% of hospital beds were in workhouse sick wards or infirmaries, and in 1938, 20% were still under the destitution authorities. In the latter year, 29% of all beds in poor law and local authority general hospitals lacked X-ray and operating facilities. (The number of nineteenth-century sick cared for by the poor law authorities were much greater than Mr. Pinker states, as he has included only those workhouse hospitals where there were training schools for nurses). The second factor which is so striking is the very recent nature of the provision for the many special categories of sick. While we groan and complain about our present inadequate health services, we are here made to realize how much has been done so very recently. We must be thankful to be ill today rather than even twenty years ago.

The dissemination of accurate information, particularly of statistics expedites reform. A continuation of Brian Abel-Smith's and Robert Pinker's volumes a few generations hence should not have to include the many stones of frustration and delay due to ignorance.

RUTH G. HODGKINSON

A History of the Acute Abdomen, by SIR ZACHARY COPE, London, Oxford University Press, 1965, pp. vii, 123, 35s.

More than twenty years ago, in *Pioneers in Acute Abdominal Surgery*, Sir Zachary Cope wrote an account of the early attempts to treat some types of acute abdominal disease; that work is now out of print, but the author has included essential parts in the present volume and has added sections showing how the various pathological conditions were recognized and how the signs and symptoms necessary for diagnosis were determined.

The never idle pen of Sir Zachary Cope traces progress from Hippocratic times, in a series of nine fascinating essays, each a masterpiece. There is no padding in these 120 pages, which amply prove that accurate knowledge of common acute abdominal crises is a comparatively recent acquirement. With some amazement we learn that for more than a thousand years after the time of Galen no advance in the diagnosis or treatment of acute conditions within the abdomen took place. Nothing of importance was added to our understanding of peri-caecal inflammation for fourteen hundred years after Celsus. In fact, two centuries ago the very existence of gastric