

institutions. Her study highlights the new role of the medical profession in its efforts to shape government public health policy, and the continuing role of Poor Law authorities in administering programmes directed to improve general welfare. And, for the history of vaccination, she has illuminated how a specific medical practice became a government-mandated procedure.

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Lucinda McCray Beier, *For their own good: the transformation of English working-class health culture, 1880–1970*, Columbus, Ohio State University Press, 2008, pp. x, 409, \$64.95 (hardback 978-0-8142-1094-9).

The relationship between the working classes and the proliferating voluntary and official agencies of health advice and care in Britain's cities from the late nineteenth century onwards has long been recognized as an issue of great importance in understanding the dramatic demographic changes of this era. However, we have been largely constrained to view this from the perspective of the reports and memoirs created by the health missionaries, medical professionals and officials. This new study offers the possibility of hearing from the other side, using the resources of oral history to explore what working-class people had to say about the experience of receiving all this well-meaning but often intrusive and sometimes unwanted attention.

Lucinda Beier worked from 1987 with the doyenne of England's oral historians, Elizabeth Roberts. Together they interviewed just under 100 individuals to add to the 160 Roberts had interviewed in the mid-1970s in the three contrasting Lancashire towns of Preston, Lancaster and Barrow-in-Furness—239 transcripts are used here. Beier has complemented the oral history material with a careful reading of the annual Medical Officer of Health (MOH) reports for these

three towns from the 1880s until the 1930s. There is, additionally, new research on the health content of the popular *Woman's Weekly* national magazine, founded in 1911, while the health messages of two distinct forms of inter-war nationwide mass media are also discussed: BBC radio transmissions, and the silver screen, attended religiously by the working classes in their millions by the mid-1930s.

Many of the oral history quotations cited are fascinating and this book can certainly be recommended for students to read as an accessible and well-presented account of working-class health attitudes and practices from the era of the late Victorian Poor Law until that of the NHS. Doctors' visits represented the kind of expense which had people hiding the piano or the radio so they would not get charged more due to their apparent affluence. Surgeries were entered by the back door with queuing on benches for the second-class, insured or "panel" patients, unlike the doctor's proper, middle-class paying patients who entered by the front door. There is also much good sense and illumination in Beier's treatment of the wide range of topics addressed here, such as the anxiety-provoking experience of isolation for weeks on end for working-class children identified as suffering from notifiable contagious diseases, and there are also chapters on sex education and child-rearing.

However, I remain unconvinced of the general thesis about historical change which is on offer here. Related to this reservation, I would have liked to see rather more presentation of the oral history evidence and examination of what it can positively tell us about the health values and beliefs of working-class persons and how they adopted and adapted or rejected the messages, resources and responsibilities which health agencies presented them during the decades before 1914. While Beier's combination of sources are probably at their strongest and most multi-dimensional in giving us an account of the trans-war era, c.1910–1950, there is not a similarly balanced presentation of materials for the earlier period, 1880–1910, where the

MOH and other “middle-class” sources rather predominate over the working-class oral testimony. But this was when important demographic change occurred and also when so many important intrusive initiatives were launched, such as the machinery of disease notification and disinfection. However, it is an implication of Beier’s overall, Whiggish thesis that this period was not so interesting or significant. She argues that “the interwar years may be viewed as a watershed for the transformation of working-class health culture” (p. 144) paving the way for the popularity of the NHS. According to Beier this was because during the interwar decades, “The media educated working-class perceptions . . . It built a market for health care services . . . that required only the establishment of the NHS to explode” (p. 346).

Given the trends in recent inter-war historiography on leisure, media, gender and consumerism, to which Beier’s text is an excellent, well-informed guide, this thesis is unlikely to be much criticized. However, as a conclusion it means that this book, and its interrogation of the oral sources, has still not found a way of substantially adding new insights to our understanding of how the working classes participated in the dramatic changes which their health, their reproductive habits, and eventually even the survival of their infants, all experienced between 1870 and 1914. This whole period is still, according to Beier, one in which “traditional” values and practices continued, a prelude before the trans-war era of change, which she sees as crucial. Yet the nineteenth century witnessed extraordinary changes for the British working-classes and their ways of life and diverse reactions to this in different industrial communities such as those of Preston, Barrow and Lancaster, as Nadja Durbach’s recent study of vaccination resistance has indicated.

We already know a lot about the expanding but locally differentiated activities in the period from the 1870s onwards by MOHs and their growing staffs of sanitary inspectors and health visitors, which Beier’s research

confirms for these three towns. However, Beier has afforded us only tantalizing glimpses of the reciprocal working-class experience and perceptions of all this activity during these decades—by comparison with her rather fuller presentation of such evidence for the post-1910 period. For instance, a Mr Gordon, born in 1879 in Lancaster, recalled moving aged twenty-eight, when he was a skilled joiner, to a house with its own bathroom but no indoor toilet. He is cited as saying, “they started to build [houses with] bathrooms, but it was a long while before they’d toilets in the house. People thought they were insanitary” (p. 41). This is fascinating testimony. Contrary to the notion of an unchanging “traditional” fatalism before the arrival of the inter-war mass media health message, this is first-hand evidence of a general sensitivity in the Lancaster working class around 1905 to highly developed notions of the desirability of domestic salubrity; but a sensitivity which precisely distinguished between the value of an indoor bathroom while rejecting indoor toilets as prejudicial to health. This would not have been the case in Barrow, unusually a planned town of housing built with flush toilets. What lay behind the Lancaster sensitivities? Did the MOH or other middle-class observers in Lancaster at this time understand or agree? Unfortunately Beier does not comment on Mr Gordon’s testimony. What else, like this, might we be able to learn from this unique collection of working-class people’s testimony about their own positive health culture and how it responded to changing local options and influences during the crucial period, 1870–1914? We still have much to learn and research.

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Yuriko Akiyama, *Feeding the nation, nutrition and health in Britain before World War One*, London and New York, Tauris Academic Studies, 2008, pp. x, 293, £52.50 (hardback 978-1-84511-682-8).