

## Book Reviews

medical history has done the same. Led by historians such as Roy Porter, modern medical history has concerned itself more with the sufferings and afflictions of individuals and their social background than with the heroic achievements of the great doctors of the past.

Steven King is an avowed supporter of the Porter school. His book, *A Fylde country practice*, is a detailed study of illness and the practice of medicine at the grass roots in an area of predominantly rural north-west Lancashire. In particular, he is concerned to examine how the “medical market place” (a term reintroduced by Harold Cook) operated in those years that linked the Georgian and Victorian eras. He has scoured the local archives for Poor Law records, diocesan and parish accounts, personal diaries and letters as well as placing his conclusions in the context of the national scene.

The first part of the book, on ‘Mortality and ill-health’ in Lancashire, is a dramatic account of the appalling amount of illness, often accepted by the suffering as a normal part of life, that afflicted the population of the Fylde. Infections were common but a simple cut on a limb might lead to suppuration and go on to require amputation. The riding of horses was particularly dangerous but there were many other accidents which caused death, “collapsing walls, falls, drowning, accidents with machines, transport accidents, accidents during drunkenness, rabies, and particularly, fire”. Ill-health was a “constant feature of the individual and family lives of Lancastrians”.

How those Lancastrians dealt with their problems is covered in the second major section of the book, ‘Responses to ill-health’. Here the detailed information culled by the author from local records is invaluable. Examples of medical relief by the parish, by charitable organizations, by private individuals, by irregular practitioners such as farriers and butchers, and by quacks of all sorts, jostle for the reader’s attention. There is also a detailed consideration of how the “middling” in society sought to preserve their health. The increasing prosperity of this class led to an increasing use of medical practitioners and played its role in their emergence as influential medical figures.

The last part of the book deals with the ‘Economics of doctoring’. The discovery of the account books of Dr Loxham, which cover the years from the 1750s to the 1780s, is a major contribution to the understanding of how a country practitioner worked during the period under review. Much of his work was midwifery, so that he could well have been classified as a “man-midwife”, but his work extended through the entire range of the ill-health so common among his patients. The accounts also provide unique information on how he made his money, how difficult it was to get paid, how often he had to borrow and how he was also a lender. The period during which he was active may well have appeared to some as the golden age of the practitioner. In rural Lancashire, keeping a well-ordered household, possessing good enough horses for his work and other expenses led to the bankruptcy of medical men in some cases and severe hardship in others.

This book, brief though it would appear to be, is a mine of information. The author is to be congratulated on the extraordinary density of information that he has been able to pack in. It is an example of social history at local level at its best. It should provide a model for similar studies of other parts of the country during that period. All who are concerned with the reality of life for the “common people” at that time should have this book on their shelves.

**Christopher Booth,**

The Wellcome Trust Centre for the  
History of Medicine at UCL

**Anne Borsay** (ed.), *Medicine in Wales, c. 1800–2000: public service or public commodity?*, Cardiff, University of Wales Press, 2003, pp. x, 253, £40.00 (hardback 0-7083-1824-X).

As Anne Borsay and Dorothy Porter recognize in the introduction to this edited collection, Welsh historiography has been slow to respond to the emergence of the history of medicine. Conversely, most studies of medical history and healthcare devote little space to Wales, except when using it as an example of a depressed area. Although in recent years there has been a

significant increase in research into Welsh medical history, with many good studies, *Medicine in Wales* is a welcome addition to what is still a limited historiography.

As the editor makes clear, *Medicine in Wales* is designed to “illustrate the growing corpus of research-based material” (p. 2) on the social history of medicine and health in Wales. Its content is deliberately diverse. The contributors draw on a range of sources from documentary records to oral testimony to film to examine the relationship between the public and private provision of healthcare since c. 1800. This relationship provides the intellectual context for the volume. Drawing on Jürgen Habermas’s notion of the public and private sphere, the contributors raise questions about the utility of this approach by examining issues of class, gender, participation and citizenship, and the role of the state. David Hirst, for example, in his chapter on the school medical service, highlights how the relationship between family and state was unresolved in the service, and how the state remained ambivalent about offering medical care. Steven Thompson in examining the provision offered by medical aid societies shows how they created a forum for participatory democracy that represented a “proletarian” public sphere, one that effectively determined the nature of local medical care and authority. Borsay on the other hand demonstrates how in the treatment of industrial accidents in the 1940s independence suffered when the state intervened. Chapters by Sara Brady on nursing at the King Edward VII Hospital and Susan Pitt on midwifery in post-war Swansea point to how there is no simple equation between gender and the public/private sphere. In questioning the boundaries between the public and private provision of healthcare, the contributors offer a critique that supports the concept of a mixed economy of welfare and a “moving frontier” between private, voluntary and public provision of medical care.

However, this is a mixed collection. Aside from Pamela Michael, Thompson and Borsay, many of the contributors pass little comment on Welsh national identity, or look at what Gwyn Williams has referred to as the “Welsh effect”. Indeed, some of the contributors appear to push

Wales into the background. For example, in the chapter by Hirst, and in the contribution by Richard Coopey and Owen Roberts on the municipalization of water, the Welsh dimension is subordinate to a metropolitan or English history. David Greaves in his synthesis of debates about inequalities in health and medical care makes little reference to Wales despite the problems the region faced. Given the peculiar economic, social, and political milieu of Wales, this seems a missed opportunity.

Despite this criticism, the volume has its strengths. For example, Michael in her telling analysis of suicide in north Wales examines how the Denbigh asylum came to replace the family as a source of care and how suicide was medicalized. Coopey and Roberts add further weight to the need to revise the heroic historiography of state intervention. They demonstrate how local authorities were important in shaping local initiatives and how the nature of satisfactory water remained a contested commodity. Borsay suggests how documentary film could push the boundaries of the public sphere, helping to construct citizenship around stereotypes of masculinity and femininity. Questions are also raised about the nature of rural services and the urban/rural divide that shaped medical provision in Wales.

The volume demonstrates that medicine and health in Wales cannot be reduced to a simple equation between public service and private commodity. In raising questions about the public sphere, and in highlighting the rich medical history of Wales, *Medicine in Wales* suggests that the “Welsh context” offers a vibrant and under-researched field for the study of the history of medicine.

**Keir Waddington,**  
Cardiff University

**Ian Dowbiggin,** *A merciful end: the euthanasia movement in modern America*, New York, Oxford University Press, 2003, pp. xix, 250, \$28.00 (hardback 0-19-515443-6).

Nick Kemp recently produced a history of the British euthanasia movement ‘*Merciful release*’