

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

wide regional variation. Long distance migration, the common experience of years spent in London, the complex and deep social and cultural networks that characterized the English urban landscape, all worked to tie the regions of England into a single system. These links were just as important in relation to the system of poor relief, as to middle-class sociability or industrial organization. To ignore them, as King does, effectively pre-determines the outcome of the analysis.

This volume contains a wealth of useful material, and will be widely welcomed by scholars of social welfare and poverty. And while one might occasionally cavil at King's approach and analysis, one cannot but admire the hard work and dedication that informs every chapter.

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Jerry L Gaw, *"A time to heal": the diffusion of Listerism in Victorian Britain*, Transactions of the American Philosophical Society, vol. 89, pt 1, Philadelphia, American Philosophical Society, 1999, pp. xii, 173, illus., \$25.00 (0-87169-891-9).

The heroic tradition of medical biography was a distinctive genre, born of the Victorian era and of the efforts of an ambitious, competitive profession to establish a secure social and financial foothold in a notoriously snobbish landed society. Just as the Victorians made medical heroes, so, in a process beginning with Lytton Strachey's critique of Florence Nightingale (who may in this context be counted a medical heroine), twentieth-century historians have unmade them. In the past decade, historians of medicine have attempted to see Joseph Lister's contribution to surgery afresh, to place it in the context of contemporary medical theory

and practice, and to unravel the mythology built up by the Victorian profession around the man who became the first medical peer. Work by Lindsay Granshaw and Christopher Lawrence, and later by Thomas Pennington, among others, has given us a fuller and more complex understanding of the nature of Lister's contribution to modern scientific medicine and its impact on the practice of the British surgical community. Inevitably, one supposes, there must be a reactionary backlash in the shape of attempts to re-establish a refurbished Lister on his pedestal. Here it is—a beginning, at least—although not a very strong one.

"A time to heal" is a serious-minded attempt to re-establish Lister's credentials as the man who "revolutionized medicine" in the nineteenth century. Jerry Gaw is prepared to admit that Lister himself was in some respects flawed, but not that he was culpably so. The allegation that Lister "intentionally acted oblivious" to innovations related to but previous to his own "is untenable because there is no evidence for it in the archives". Would one expect there to be? Nor is there much evidence that Gaw has consulted any "archives": most of this book is based on secondary printed sources and his own reading of the *Lancet*. There is no attempt to engage directly with Lawrence or other revisionist historians, or to enter the social and professional world of nineteenth-century surgical practitioners. For the most part, Gaw takes the nineteenth-century readings at face value in a straightforward interpretation of the past, with a strong tendency to see things in black and white. There is little that is fresh here, and students of Victorian surgery and surgeons will probably by-pass this book, to find subtler and more modern approaches to the subject elsewhere.

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