is structured both chronologically and topically. The first seven chapters present gradual trends in food use in fifty-year periods from 1500–1760. Chapter 8 focuses on regional and social patterns of diet, and Chapter 9 gives a “closer look” at a number of different food types: bread, meat, fowl and eggs, fish, dairy foods, vegetables and herbs, fruit, drinks, and condiments and spices.

Thirsk argues that the English diet was far from monotonous even at the beginning of the period under consideration, but she also presents a lucid story of England’s gradual inundation with new foods. This transition happened relatively quickly in London and other busy ports and far more slowly in rural, inland regions, but the steady influx of new foodstuffs spread widely. Traders’ importation of foreign foods is only part of the story: travellers also introduced unfamiliar eating habits to England, such as the Italian fashion of dressing salad leaves with olive oil and vinegar. Many new trends made use of existing resources. Butter and cheese, for example, were not eaten widely in England until travellers observed their ubiquity in Germany and the Low Countries. Gardening became a fad in aristocratic circles in the sixteenth century, leading to the cultivation of both foreign and domestic fruits and vegetables such as strawberries, cucumbers, radishes, and sweet cherries. These trends were most obvious in London and among the gentry, but Thirsk provides evidence of a slow trickle out to the countryside and down to the lower classes.

Aside from the introduction of new foods, Thirsk points out other developments that changed the English diet. Frequent cycles of poor harvests from the late sixteenth century prompted a continual search for famine foods, eventually encouraging the cultivation of the potato, while the English Civil War spurred on the dairy industry after butter and cheese became indispensable soldiers’ foods. New pickling methods drastically improved the ability to preserve foods, and the addition of chimneys to houses changed the way it was cooked. Commercialization, moreover, began to alter approaches towards gardening and animal husbandry: London foodmongers’ reliance on hothouse vegetables and stall-fattened animals drew criticism in the eighteenth century, reminiscent of similar protests in our time.

*Food in early modern England* is a nuanced and thorough book, and it presents the reader with a gold mine of information. Occasionally one can get lost in this barrage of data, but Thirsk provides enough anecdotes to keep the narrative moving along. Among her most effective themes is her evocation of a lost world of taste. Strong salad leaves, rye pastry, distilled herbal essences, and barberries are among the once-prevalent flavours that have slipped away, and a sense of nostalgia for these vanished foods pervades the book. The paucity of sources on rural and lower-class people forces Thirsk to devote the most space to food patterns in London and among the gentry, but she recognizes this problem and offsets it with details about the habits of “ordinary folk” whenever possible (although finicky readers might question her vague use of the term). Occasionally the book suffers from repetition: in particular, the last two chapters recapitulate a number of details mentioned earlier. Historians of medicine, moreover, might wish to see the relationship between food and medicine teased out a bit more. These minor points aside, *Food in early modern England* is an informative and impressive book, and it convincingly demonstrates that the early modern diet was at least as diverse as our own.

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This useful study moves on from Leonard Smith’s first book: ‘*Cure, comfort and safe custody*: public lunatic asylums in early nineteenth century England’ (London, 1999). Also sharing its strengths, it is based on original
archival research as well as bringing together much secondary literature, presenting a well-informed, readable and sensible overview of an emerging sector of institutionalized care for the insane. Where William Parry-Jones’ influential *Trade in lunacy* (London, 1972) focused on private madhouses, and where most scholars of the nineteenth century have concentrated on the public asylums of the Victorian age, Smith’s main interest is in celebrating the subscription or voluntary hospitals of George III’s reign, either those specifically for the insane or adjuncts of generalist institutions that catered for sufferers from mental disorder. He argues that they mark “a critical development not only in actual material provision, but also in philosophy, attitudes, and policy” (p. 2). While notably Georgian, these philanthropic beacons manifested the benign union of economic individualism and social corporatism that marked English society since the Middle Ages. Starting with St Luke’s in 1751, Smith charts a period of changing ideas about madness and about society that led to a transition from mainly private, extra-mural care to the public asylums, which began to open up after 1808 and mushroomed after 1845. Keenly aware of the financial realities behind the aspiration of provision, he points out that private and public intermingled throughout his period (especially outside London) and that the model created by voluntary provision was carried into the era of county asylums. The book takes a traditional approach to the history of medicine in the manner of Anne Borsay or Anne Digby, presenting large amounts of information about the management, staffing and workings of institutions, with patients more (“proper”) objects of concern and care (i.e. problems) and only secondarily subjects of interest in their own right (ch. 5). Chapter 4 is titled ‘The physician’s domain’ (including his social world) and well-known medical men like William Battie, James Currie, John Ferriar, Alexander Hunter and Samuel Tuke figure prominently throughout the analysis. Smith engages with traditional debates too, such as the nature, prevalence and rationales for mechanical restraint and the development of moral therapy and moral management; were asylums designed to cure or contain? In many regards, the findings reinforce the emerging picture of nineteenth-century asylums: for example, patients tended to be poorer people from a local catchment area who were a danger to themselves or the community. Good on legislation and the political context, Smith touches on legal aspects (e.g., pp. 111–14) but those who want a fuller discussion of this central component of our understanding of care for the mentally disabled will have to look at Peter Bartlett’s or David Wright’s work.

Evidence-driven rather than theoretical, the book might have been punchier for confronting more directly the politically charged frameworks of Michel Foucault or Andrew Scull. We already know quite a bit about York asylum, but one of the book’s many strengths is that it ranges over the whole voluntary “sector” from Newcastle to Exeter, pointing out similarities and contrasts: for example, lunatic hospitals were sometimes closely integrated with their parent institutions (Manchester or Liverpool) but were sometimes quite separate (York). Yet it would not have hurt to offer more extensive comparisons with Scotland, important not only because its Georgian universities trained most of the physicians practising in England but also because its modern historians (e.g. Andrews, Lobban, Rice and Walsh) have produced some excellent work on early-nineteenth-century voluntary asylums. The different social and political environment there should thrown up some interesting parallels and differences that would help to fine-tune analysis of the reasons for both variations and change in voluntary provision within England.

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This is an impressive addition to the existing number of dictionaries of medical or scientific