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classification. But her excellent use of aggregate data effectively sets the agenda for future research in this field. There was clearly a link between the epidemiological history of pre-industrial England and the topography of individual localities. Significantly, a number of vicars in the eighteenth century refused to reside in their marshland parishes because of “unhealthy air”: given the predicted dangers of global-warming and the possible return of the malaria mosquito vector to the south coast of England, Dobson’s emphasis on the direct association between the environment and the epidemiology of a single disease will deservedly attract a great deal of attention.

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John Stewart, *‘The battle for health’: a political history of the Socialist Medical Association, 1930–51*, *The History of Medicine in Context*, Aldershot, Ashgate, 1999, pp. viii, 259, £49.50 (1-85928-218-0).

This book will be invaluable to anyone who is interested in the history of the British National Health Service (NHS) and in the important part that the Socialist Medical Association (SMA) played in its development.

Stewart starts by describing the origins of the concept of a state medical service. As early as 1907 the Fabian Society was advocating a nationalized medical service and Beatrice Webb had presented a memorandum on a unified medical service, with an emphasis on prevention, to the Royal Commission on the Poor Law.

The SMA was founded in 1930 by a small group of socialist doctors under the leadership of Dr Somerville Hastings, its first president, and Dr David Stark Murray, the tireless vice-president. The Association subsequently provided much of the basic

thinking behind the NHS, which was inaugurated in 1948.

Hastings was a distinguished consultant ear, nose and throat surgeon on the staff of the Middlesex Hospital. By 1930 he had also had considerable political experience as an MP and as a councillor on the London County Council. There were very few socialist doctors in England at that time and little attention was paid to them by the profession as a whole, but Hastings, because of his professional status and political experience, could not be ignored. As a councillor in the Labour LCC he was also playing a big part in upgrading the old Poor Law infirmaries in London into modern hospitals under the 1929 Local Government Act. As a young doctor I remember him as a cheerful, friendly and persuasive man coming to Sheffield to help us start a Sheffield branch of the SMA.

The initial aims of the SMA were “to work for a socialised medical service, both preventive and curative, free and open to all; to secure the highest possible standard of health for the British people and to propagandise for socialism within the medical and allied services”. Later, the SMA also came to advocate unification of the hospital service, that all doctors should be salaried and that the service should be democratically controlled and administered by the Local Authorities.

Stewart describes how the Association very soon became affiliated to the Labour Party and how important this was because it enabled Hastings and Stark Murray to go as delegates to the annual conferences of the party and to move resolutions in favour of a national health service. In this way, much of the programme recommended by the SMA became official Labour policy.

One of the most interesting sections of the book deals with the years after the return of the Labour Party to government in 1945 up to the inauguration of the NHS in 1948. The new minister of health, Nye Bevan, soon realized the strong position of the doctors, represented mainly by the

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British Medical Association, and that he would not be able to get the NHS off the ground without their co-operation.

The profession was adamant in its opposition to a salaried service and to control by the Local Authorities. The leaders of the hospital side, mainly consultants on the staffs of the voluntary teaching hospitals, did not want their hospitals to be united with the municipal hospitals. As a consequence, Bevan made important concessions to the profession in order to get the service started. Any idea of a salaried service or control by democratically elected Local Authorities was abandoned and the two sorts of hospital were given different governing bodies whose members were appointed by the minister.

Stewart describes how the leaders of the SMA were deeply disappointed at the abandonment of the principles which they had proposed to the Labour Party and which had become party policy, such as democratic control and a unified hospital service, and by the fact that Bevan did not consult them and had conceded so much to the BMA and the Royal Colleges. As Stewart points out, Bevan realized that the BMA and the Royal Colleges were very powerful and the SMA had very little support among doctors.

However, the main aim of the SMA, the creation of a universal comprehensive medical service, free to all at the time of use, had been created and also, after a few years, a united hospital service was finally introduced.

'The battle for health' is an absorbing and scholarly book. It describes in detail, with many references, how one of the most important social advances of twentieth-century Britain came about and how a small group of doctors, with vision and determination, played a significant part in that historical achievement.

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Joseph Melling and Bill Forsythe (eds), *Insanity, institutions and society, 1800–1914: a social history of madness in comparative perspective*, Studies in the Social History of Medicine, London and New York, Routledge, 1999, pp. xii, 328, £55.00 (0-415-18441-X).

Before 1960 the history of mental health policy and psychiatry was but a footnote within the larger field of the history of medicine. In recent years, by contrast, the social history of insanity, institutions, and psychiatry has assumed the characteristics of a growth industry. Conflict rather than consensus has been a distinctive feature; interpretations of data vary in the extreme. The debate over institutional care was first given a sense of urgency following the publication of Michel Foucault's *Madness and civilization* in the mid-1960s, a book notable for its brilliance, ambiguity, and lack (if not misuse) of empirical data. Andrew Scull's *Museums of madness*, which appeared in 1979, represented an effort to provide a more nuanced view of the development of the asylum, which he located in industrializing England. The purpose of the asylum, according to Scull, was to emphasize the importance of bourgeois productivity; those who could not function within the new market economy would be warehoused in asylums and thus serve as a lesson to the larger society.

Many of the early interpretations of insanity and the rise of the asylum tended to be global in nature. The care and treatment of the insane became a mirror image of virtually all of society. The absence of detailed developmental studies facilitated generalizations that often lacked any substantive factual foundation. In the political climate of the 1960s and 1970s, such broad interpretations appealed to critics of capitalist society and a market economy.

In recent years there has been a dramatic transformation in the manner in which historians have approached the subject of