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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).