tactics and pragmatism he displayed. But Bevan’s accomplishment, formidable as it was, has to be put in proper perspective. Unlike Lloyd George in 1911, Bevan had the backing of a movement that already had force. Does Webster deny that? If so, he takes issue with Bevan himself for this is what the Minister had to say when he introduced the Health Service Bill in 1946: “The first reason why a health scheme of this sort is necessary at all is because it has been the firm conclusion of all parties that money ought not to be permitted to stand in the way of obtaining an efficient health service.”

Frank Honigsbaum, London

JONATHAN BARRY and COLIN JONES (eds), Medicine and charity before the welfare state, Studies in the Social History of Medicine, London and New York, Routledge, 1991, pp. x, 259, £45.00 (0-415-05741-8).

One would not have thought a decade ago that the history of philanthropy would be such an attractive field for scholars today, but, as the welfare state is being reconsidered, more traditional forms of welfare have come back into focus. This book of essays, which covers western Europe from the Middle Ages to the 1940s, is a worthy addition to the burgeoning literature. It is based on papers given at the annual conference of the Society for the Social History of Medicine in 1988. While it tends to treat medical charity in isolation from other charitable forms (some of the writers seem to be ignorant of the work on philanthropy more generally), it does raise a host of important issues, including the relationship of charity to the state, the role of economic factors in determining charitable trends, and the role of medical practitioners in charitable institutions.

The volume brings together a strong team of historians, though in the nature of conference papers some of them have tried harder than others. In general, those essays succeed best which linger over the sources, and keep the jargon at bay and the generalizations within bounds. Perhaps the strongest part of the volume is the Introduction by the editors Jonathan Barry and Colin Jones. They have pieced together the disparate essays with considerable skill and have treated the wider issues with a becoming tentativeness, as befits the present state of research. They are, for example, not altogether happy with the established economic explanations of charitable relief. As they put it, “a neat fit between medical and economic criteria” is not always apparent. More might have been said in the essays about the charitable “disposition”, Christian in character, geared to the giver as well as the recipient, which helps to explain why the relatively prosperous mid-Victorian years were a charitable golden age in Britain. It is a weakness of this volume that it does not get beneath the surface of the psychology of religiously motivated charity.

One of the virtues of the book is that it questions, though not for the first time, the Whiggish perspective which assumes that there is a “linear progression” from charity to welfare. Yet there is a danger, despite the efforts of the editors, that the very title of their book may reinforce this dubious notion. The time is ripe for a conference on medical charity and the welfare state, which would begin where this volume leaves off. Should it convene, we may find out just how indebted the welfare state, and the National Health Service in particular, is to charitable traditions and funds. Arguably, the voluntary sector, stimulated by government social policy after the Second World War, has been more resilient that the state welfare departments themselves.

F. K. Prochaska, London


John Duffy’s contributions to the history of medicine in America have been substantial and broad-ranging. His vision of medicine as a discipline encompasses the subject not only in its institutional, clinical and scientific aspects, but also takes in public health. Thus his two-volume