

acquired at Scutari was most effectively deployed during her years of seclusion in England, as an *éminence grise* to a generation of reform-minded soldiers, doctors, ministers and civil servants. Less dramatically, but equally engagingly, he notes that the Greek oil lamp with which Nightingale was conventionally portrayed is entirely incorrect. When she carried a lamp, it was probably a Turkish design made from folded and varnished parchment.

Most striking, however, is Bostridge's commentary on Nightingale's life after returning to England. He highlights the sheer grind of her later life—surely Nightingale must have been the hardest-working invalid in history—and dissects the manifold political setbacks and personal quarrels as she began to elaborate a new vision of nursing, one which owed almost nothing to the pious sentimentality of Coventry Patmore's *The angel in the house* (1854) and much more to the hard-headed statistical digests of Edwin Chadwick and William Farr. He argues that we should integrate Nightingale's reports on nursing and sanitation reform with her devotional and proto-feminist writings, reading her freethinking Christian faith as a spine around which she structured her friendships, her campaigns and her own spiritual and bodily welfare. This devotion to a god with whom she could have direct personal contact (and even, on several occasions, converse) underpins the contrast between the potency of the “political” Nightingale, expressed in her correspondence and her reports to government, and her private reflections on weakness, failure and mortality.

Bostridge's interpretation of the ways in which Nightingale responded to European germ theories of disease may re-ignite older debates around the decline of miasmatism, but he also demonstrates that the practicalities of nursing, rather than the technicalities of disease transmission, lay at the heart of her work. His major claims and reinterpretations will be generally familiar to historians of nineteenth-century British medicine, but his great achievement in *Florence Nightingale* is

to have marshalled these arguments (and the huge volume of archival material on which they rest) into a balanced and constantly engaging narrative. He rejects both hagiography and vilification, preferring to explore and expand upon the tensions in Nightingale's life, work and character. This is a compassionate, critical and intellectually satisfying portrait of the “Lady with the Lamp”, one which will speak to generations of scholars, readers and nurses.

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**Deborah Brunton,** *The politics of vaccination: practice and policy in England, Wales, Ireland, and Scotland, 1800–1874*, Rochester, NY, University of Rochester Press, and Woodbridge, Boydell & Brewer, 2008, pp. xi, 255, £50.00, \$85.00 (hardback 978-1-58046-036-1).

Between 1800 and 1874 in Great Britain, smallpox vaccination expanded from a medical novelty to a state-mandated procedure. Deborah Brunton's carefully researched and thoughtfully argued book details the politics that surrounded the passage of key pieces of legislation regarding vaccination in England, Wales, Ireland and Scotland. Her comparative analysis reveals remarkably different vaccination practices despite similar legislation, and underscores the importance of social, professional, and institutional cultures in the evolution of public health measures.

Brunton's work addresses a little studied period in the history of vaccination. The early history of smallpox vaccination is covered in several biographies of Edward Jenner, the English doctor who introduced the practice in 1798. Its later history in the last decades of the nineteenth century is addressed in studies about the anti-vaccination movement in Great Britain. But surprisingly little has been written about the intervening period, when smallpox vaccination became a widely adopted practice

throughout Britain and the object of several pieces of legislation.

The first vaccination act was passed by parliament in 1840 and established a system of public vaccination in England and Wales that placed vaccination under the supervision of the Poor Law Commission and required it to offer vaccination to everyone. Prior to the passage of this act, medical practitioners debated and contested its provisions arguing that it undermined their authority over a medical procedure. One of the themes that runs through Brunton's analysis is the importance of the new professional identity of medical practitioners formed through shared educational experiences, medical societies and journals, and efforts to reform licensing. In the middle decades of the nineteenth century, medical professionals became increasingly involved in lobbying parliament regarding legislation about vaccination. They were unsuccessful in their attempt to shape the 1840 act, and they subsequently complained about the low fees they received for vaccinating infants under its provisions.

Compulsion was not introduced until the 1853 Vaccination Act, which required that all infants be vaccinated within six months of birth otherwise parents faced fines or even imprisonment. Historians of public health have generally regarded this act as the key legislation regarding smallpox vaccination, but Brunton argues that this act did little to alter the provision of vaccination and that the system of registration put in place to record vaccinations was weak. She includes a table summarizing the number of births and the number of vaccinations in England and Wales from 1851 and 1858 drawn from the annual reports of the Poor Law Board that clearly shows that the act did not significantly increase levels of vaccination among the population.

During the 1850s and 1860s, Brunton documents the growing role of experts in government, especially the role of the Epidemiological Society (established in 1850) in crafting legislation. One of the key figures in promoting expertise was the physician John Simon, a leading member of the

Epidemiological Society, who authored a 280-page report on the status of vaccination and suggestions to improve its practice. Simon viewed most vaccinators as incompetent, and wanted to bring vaccination under the authority of the General Board of Health, rather than the Poor Law authorities. He promoted the use of a single technique that relied on arm-to-arm transmission of the vaccinating lymph. Brunton portrays Simon's efforts as self-serving: "It is hard not to see Simon's concern with the quality of vaccination as an example of the strategy of manufacturing a problem and then proffering a solution" (p. 69). In the end, Simon's initiatives failed to garner support.

Brunton has more regard for the ways vaccination developed in Ireland and Scotland. Drawing on the records of the Poor Law Commission and an Irish medical journal, Brunton shows that British efforts to impose the provision of vaccination through the Poor Law Commission failed, and that the medical charities, hospitals and dispensaries throughout Ireland that were funded by local charity and local property taxes, were mandated instead to provide vaccination free of charge to anyone. This system proved to be quite successful, and Ireland enjoyed very low levels of smallpox mortality as a result. Similarly in Scotland, local social, professional, and institutional factors shaped the provision of vaccination. Scotland had only one vaccination act—passed in 1863—that made vaccination compulsory. Unlike their English counterparts, Scottish medical practitioners were quite successful in lobbying members of Parliament in the drafting of the 1863 act. As a result, private medical practitioners retained control over the practice, vaccinating over 80 per cent of all infants, while parish medical officers vaccinated fewer than 5 per cent. (By contrast, English Poor Law authorities vaccinated between 60 per cent and 90 per cent of all infants.)

As Brunton has deftly and convincingly shown, there were many paths to compulsory vaccination shaped by local and national

institutions. Her study highlights the new role of the medical profession in its efforts to shape government public health policy, and the continuing role of Poor Law authorities in administering programmes directed to improve general welfare. And, for the history of vaccination, she has illuminated how a specific medical practice became a government-mandated procedure.

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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