Workers, workhouses and the sick poor: Health and institutional healthcare in the long nineteenth century

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Barry M. Doyle (2014). *The Politics of Hospital Provision in Early Twentieth-Century Britain*. Studies for the Society for the Social History of Medicine, 19. London: Pickering & Chatto. xii + 297 pp., notes, bibliography, index, £60/$99 (hardback).

Peter Kirby (2013). *Child Workers and Industrial Health in Britain, 1750–1850*. Economic History Society: People, Markets, Goods: Economies and Societies in History, 2. Woodbridge: The Boydell Press. xii + 212 pp., notes, bibliography, index, £17.99 (paperback).

Jonathan Reinarz and Leonard Schwarz (eds.) (2013). *Medicine and the Workhouse*. Rochester, NY: University of Rochester Press. viii + 281 pp., notes, bibliography, index, $90 (hardback).

Anna Shepherd, (2014). *Institutionalizing the Insane in Nineteenth-Century England*. Studies for the Society for the Social History of Medicine, 20. London: Pickering & Chatto. xii + 228 pp., illustrations, notes, bibliography, index, £60/$99 (hardback).

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Histories of poor relief, healthcare and welfare provision in the UK sit at the fulcrum of interactions between players at all social scales: individuals, families, communities, the private sector, voluntary and state, and all points in between. The challenge for scholarship in this field is to gain a sense of the integrations and frictions between them. The work which has been done on institutions, structures and technologies has illuminated the provision of relief and services, while our understanding of the ways people accessed and participated in them has been broadened by a fresh appreciation of the agency of those previously conceived of as passive recipients or patients.[1] Recent work has explored how the institutions of provision have been parts of their local and wider communities and economies in broader senses.[2] Yet the more research undertaken, the more we see that the whole picture – if indeed there can be such a thing – can only be glimpsed in fragments.

At least, this is the impression given by the kinds of scholarship published in the last few decades: case studies and comparative research; local and county-based analysis; the administrator's-eye-view, the medic's and the patient's. Such approaches have reinvigorated the subject. National policy has rarely been effected uniformly across the country, so the local and small-scale are the key objects of study. The challenge is always to show how individual cases relate to the broad view, though, and these four books succeed in this to varying degrees.

Where three of the books examine the institutional delivery of healthcare (in hospitals, workhouses and asylums), Kirby's monograph *Child Workers and Industrial Health in Britain 1780 – 1850* assesses the institutions of industry as spaces for children's health, disease and injury. Given the recent scholarly interest in both healthcare and child labour during the industrial revolution, it is remarkable that there has not been a detailed investigation into children's occupational health until now.[3] In part, this was because of a perceived lack of evidence on the topic – a perception voiced only a few years ago by Kirby himself and others (p. 3). Happily for historians of the period, Kirby rethought his position and produced a work that adds complexity to the popular vision of child industrial workers as "marginal figures, creeping along narrow coal seams, clambering up chimneys or suffering beatings at the hands of cruel overseers" (p. 2). Children have long been the emblems of the social ills accompanying early industrial capitalism, he notes. This book challenges the long-standing stereotypes of the "health-impaired and abused industrial child" (p. 151). Histories of occupational health have tended to focus on adults and on especially risky trades. But, Kirby points out, children's health cannot simply be an addendum in the literature to that of adults. Children's developing bodies mean that they respond to their environments in different ways from adult workers: as well as absorbing pathogens and toxins at different rates, children have less knowledge and authority to identify and respond to workplace hazards (p. 14).

Kirby's key sources are Parliamentary investigations into conditions in factories. Quantitative data are scant but the qualitative data tell us a great deal about the priorities of the investigators. In the late eighteenth century, for instance, the primary concern was the workplace as the venue for contagion,

rather than the source of it. The poor were held to be "largely responsible for the poverty, filth and indigence that predisposed them to ill-health, and an outward manifestation of illness was frequently thought to belie a failure of personal, moral or household hygiene" (p. 17). The danger, therefore, was of factories serving to gather high-risk populations in a way that promoted the communication of disease. The evidence given to the factory investigations is central to Kirby's book, but he is suspicious of the reliability of early nineteenth-century medical men who offered "expert" opinion yet displayed remarkable unfamiliarity with real conditions in factories. Some medics giving evidence to Peel's 1816 committee confessed to having never been in a factory (p. 28 n. 85). The evidence of non-medical men, Kirby finds, is of much greater value.

Medical accounts of the workplace were often pressed into service – or generated in the first place – in opposition to the factory system. In some cases, environmental conditions such as walking home in the cold after working in a hot mill were "exciting causes" of problems. Ailments could be explained in terms of work practices, ergonomics, materials and so forth, but the evidence for causation is present only in some instances. Inhaling cotton dust did indeed cause lung diseases, for example, but there is little to substantiate the highly publicised cases of Robert Blincoe's and Joseph Habergam's deformed limbs, or of William Dodd, the "Factory Cripple." The ailments are not in doubt, but their origins are.

There is a good deal more evidence for accidents leading to injury and death, though. Children were required to perform maintenance on moving machinery, as the costs of stopping a whole factory to clean or replace a small component were considered too great. Children were also able to get into the

tight spaces adults could not. The nature of the work they could do therefore brought them into some of the most dangerous sites in their workplaces and, at the same time, they were less able than adults to note the risks. Deaths and injuries including violent amputation were not uncommon, but it was not until after the Factory Act of 1844 that statistics were compiled on their frequency. Even then, the figures are likely to underestimate the reality, as it was the obligation of the employer to make the returns. Nonetheless, Kirby shows that the sites of accidents give an idea of the locations of children's work. In coalmines, for example, children died in transit whereas adults died at the coalface.

Violence could also come from employers themselves. Kirby notes the wider context of cruelty and ill-treatment at home and elsewhere, embedding the workplace within "a broader range of social conventions attached to both corrective and irrational violence" (p. 128). "Mild" violence might be used to promote safety in all workplaces, but some groups of children were more likely to experience brutality than others. Piece-workers were especially vulnerable, as men's wages depended on the work-rate of their child assistants. The most serious violence was experienced by parish apprentices and others such as illegitimate children, who were disadvantaged by the early age at which they began work and by the absence of adult protectors. Severe violence, argues Kirby, was related not to occupation but to social background. The lack of evidence associated with such "everyday" events as casual violence is a problem for historians that, in part, leads to the focus of this book being on large workplaces like mills and mines. Domestic service, agriculture and smaller

industrial production, such as piece-work and workshops, remain underexplored (p. 161).

Many of the children who experienced ill-health, violence or injury in the workplaces discussed by Kirby would also have been familiar with the institutions of healthcare analysed in the other three volumes, in particular the workhouse. *Medicine and the Workhouse*, edited by Jonathan Reinarz and Leonard Schwarz, brings together ten chapters based on papers presented at a 2008 conference plus an introduction by the editors and an afterword by Steven King. In Kirby's book, child workers are depicted as vulnerable but not necessarily victims. The same is largely true for the paupers – young and old – encountered in *Medicine and the Workhouse*. Most of the chapters serve to highlight the difficult relations between the sick poor, exercising agency through whatever means they could muster, and the institutions which paradoxically were obliged simultaneously to treat them and to attempt to avoid treating them. Kevin Siena vividly demonstrates this in the opening substantive chapter, with tales of paupers shuttled from one institution to another, and dying on overseers' doorsteps. Siena shows that under the old poor law, paupers' rights to care in workhouse infirmaries were trumped by the exclusions put in place by the institutions. Paupers brought infection and therefore *were* infection, so it was the job of the poor law authorities to avoid contamination between the sick and the healthy. Workhouses were, at best, "reluctant saviors" [sic] (p. 34). This is reinforced by the evidence marshalled by Jeremy Boulton, Romola Davenport and Leonard Schwarz, who show in their chapter that mortality was high in workhouses largely because the dying poor were likely to go into them, and not because they bred disease through overcrowding.

A chapter by Alannah Tomkins uses working-class autobiographies to address how paupers themselves viewed workhouse medical care. This is a particularly useful endeavour in the context of recent historiographic emphasis on the potential for pauper agency, despite the acknowledged limitations of the sources. The accounts written during the old poor law period were "routinely neutral or upbeat" about indoor medical welfare, even when the contexts of narrative production are taken into consideration (p. 91). Poet and former workhouse resident David Love was moved to write a paean to St Mary's parish workhouse in Nottingham, declaring that "We see and feel the bless'd effect / Better the poor could not expect."[4] It will be interesting to compare these findings with post-1834 autobiographies in Tomkins's forthcoming work.

Many autobiographers referred to their childhood contact with medical relief and poor relief in general. However, the elderly infirm were a significant proportion of workhouse inmates. Their experiences are the focus of Susannah Ottaway's chapter. She draws attention to two contradictory themes: one, the practice of institutionalizing the elderly, explained by an analysis of the ways the workhouse came to be seen as one of their natural homes; and, two, the "ubiquitous and compelling depiction of the workhouse as malodorous and unsanitary prison" leading to a rejection of the institution (p. 41). The elderly poor were considered as deserving of parish relief, but the growth of institutional solutions to the problems of welfare destabilized the "traditional norms" of community and family care (p. 52).

Just as old age and infirmity could bring about dependence on the parish, so too could mental disorder. Leonard Smith's chapter on West Midlands workhouses crosses the 1834 poor law division, covering the period 1815 to

1860, and shows how the workhouse became one of several institutions housing the insane alongside private "madhouses" and increasingly large asylums. Demand for asylum places outstripped supply, and workhouses in many cases had little choice but to accept patients who were acknowledged to be better suited to specialist facilities. By the 1860s, central government and its commissioners and inspectors moved from discouraging workhouse insane wards to promoting standards of care.

Smith's chapter is one of only two to cover both the pre- and post-1834 periods (the other being Reinarz and Ritch's), and the book might have benefitted from a more integrated approach to the development of services over time. In Ireland, though, there was no poor law at all to mirror England's before 1838, so Virginia Crossman's chapter on workhouse medicine in Ireland is restricted to the second half of the nineteenth century. From the beginning, the poor law's workhouse infirmaries were central to the development of Ireland's medical services, but most research so far has focused on the dispensary system – just one element of the poor law. Ireland's 163 unions were divided into 723 dispensary districts in the mid-nineteenth century, which gave medical relief to anyone unable to meet the usual one-guinea physician's fee. Alongside this provision were the workhouse infirmaries, which from 1862 were open to the non-destitute. Many medical men were hostile to the expansion of the poor law system, but the medical profession was largely in the hands of Protestants, and their Catholic colleagues welcomed its opening up. Nonetheless, the poor law system was not fully integrated with the non-poor law, and remained so. Standards were slow to improve, partly as nursing staff were in many cases untrained women religious. This chapter is an important survey of the

administrative and institutional framework of poor law medical relief in Ireland, given the lack of research into workhouse care. Future research focusing on the experiences of paupers in the medical system will be welcome.

The next three chapters in the book examine local case studies in England. Jonathan Reinarz and Alistair Ritch explore medical care in Birmingham, from the establishment of its workhouse in 1733 to the early twentieth century. They show the changing nature of relationships between institutions, the central authority and the wider community. In its earliest years, for instance, the workhouse had an educational role for medics which declined by the middle of the nineteenth century. The local authority was a parish under a local act and thus had certain powers which were unavailable to its unionized counterparts, such as the ability to appoint non-resident surgeons. Over time, though, central control increased and this sort of flexibility waned. Surgeons and guardians came into conflict with each other over issues common to many workhouses, such as the costs and types of medical procedures, the numbers of staff and the locus of responsibility for sick paupers. Adam Simpson, medical officer from 1870 to 1886, was eventually dismissed possibly for reasons more connected to his prominence in the Poor Law Medical Officers' Association than to the performance of his duties. The second half of the chapter surveys patient types and numbers, and is a useful guide to the capacities of various sorts of workhouse medical provision. It is somewhat hampered, though, by the admitted difficulties of identifying particular patient groups and the specifics of medical work. Nonetheless, changes in the fabric of the workhouse are shown to be an important source of information on changes in the function of the institution.

The chapter ends at the formation of the National Health Service in 1948, with the workhouse becoming a geriatric hospital.

In contrast to the 179 years covered by that chapter, Samantha Shave focuses on a single event to shed light on the role of welfare scandals in shaping policy and opinion. After Bridgwater union's formation in 1836 it almost immediately became embroiled in failures of medical care. Dozens of paupers died from fever in its poorhouses. Its board of guardians would not fund medical appointments at the terms proposed by would-be surgeons. A new guardian, elected on an anti-new-poor-law platform, could not force changes within the union but did write to *The Times* on conditions in the new workhouse and exposed the union's administrative wrangles to the public. In 1837 several paupers died after being refused medical relief, and one of the union's medical officers killed himself after the board declined to pay him more than a fraction of his bill. By themselves, these events tell us a great deal about relations between the poor, medical officers and guardians. But by taking a "policy process" approach, Shave also shows how tragedy became scandal, and how local events fed into the development of central government policy – in this case the General Medical Order of 1842. Scandals formed "an early and essential feedback mechanism by which experiences of policy could become general knowledge and acted on" (p. 183). Shave draws attention to the importance of national players such as peers and members of Parliament, and the more limited power of those working between the national and local levels.

Angela Negrine's chapter spotlights Leicester union's workhouse from 1867 to 1905, a period in which just two workhouse medical officers were in post. Negrine demonstrates the importance of their "personal attributes and

relationships and attitudes towards the guardians and patients" in the quality of medical care provided to paupers (p. 193). The effectiveness of a medical officer, she shows, was predicated on personality, longevity and the backing of the central authority. The specialist procedures available to Leicester's paupers were in some cases more advanced than those available to the poor outside the workhouse, and medical care overall "confounded the traditional image of workhouse medicine" (p. 208).

In the final substantive chapter, Rita Pemberton examines the medical care available in penal institutions in the British Caribbean colonies in the 1830s. This is an interesting chapter in itself, especially as the roles of medics and healthcare in the carceral system have not received much attention in the literature. However, workhouses in the Caribbean were prisons in which penal labour was performed, and they did not have the role of providing medical relief to the poor that they had in the United Kingdom. Comparisons between these different workhouses are therefore limited. A key function of medical personnel in Caribbean workhouses was to certify prisoners as fit for punishment, but amid poor sanitary conditions (soap was not allowed in Jamaica's and St Vincent's prisons), extremely arduous labour and corporal punishment, disease was rife. Leprosy, sores, dysentery and other fevers were common. Medical provision, Pemberton shows, "buttressed, rather than relieved, the cruel impositions of prison and workhouse" (p. 225).

A concluding chapter by Steven King surveys the state of knowledge about workhouse medical care and sets out an agenda for the future. He draws attention to the problems of definition, especially in terms of institutions. As other institutions, such as infirmaries or asylums, fulfilled the medical functions

of workhouses over the nineteenth century, and as those institutions took on non-pauper patients, the relationships between poverty, the poor law and medical care became ever harder to untangle. Despite this, long-term trends in the quality and types of care can be discerned. King notes the consensus that under the old poor law, medical care was not as bad as it was in the early years of the new poor law and that the later nineteenth century saw improvements in turn. Historians debate the specifics of when and how these improvements occurred. Among the areas for future attention, King suggests, is the disaggregation of the "sick poor" – and this book does begin to show how different types of paupers at all times accessed different types and qualities of medical attention. A second important item on the agenda must be the locating of poor law medical services in the framework of lifecycles and the mixed economy of care, and indeed this volume does not address pauper lives so much as institutional contacts. The workhouse was not only the locus of healthcare, but also a conduit to other forms of care and the destination after other conduits had been used. The spaces and regimes of institutional medical care are more readily examined than the networks and flows of pauper experience.

A detailed analysis of the economies and spaces of care in two cities is provided by Barry Doyle's book, *The Politics of Hospital Provision in Early Twentieth-Century Britain*. This is the nineteenth volume in a Society for the Social History of Medicine (SSHM) series published by Pickering & Chatto. Doyle examines the development of healthcare institutions in Leeds and Sheffield in the interwar years, in the context of the cities' respective political ecologies. In this period, he writes, "public attitudes to hospitals shifted sharply from distrustful dependence to hopeful expectation of access and cure" (p. 2). The key

date in the narrative is 1929 from when, under the Local Government Act, local authorities had the power to appropriate poor law infirmaries. By 1939, half the local authorities in England and Wales ran such services. Alongside these municipal bodies were voluntary hospitals, which persisted from the nineteenth century until 1948 in some places including Sheffield. After 1929, local authorities had to work with these voluntary hospitals if they were to rationalize services and avoid duplication. Voluntary hospitals tended to deal with acute and curable illnesses and injury, especially surgical, and the public hospitals were left with the residual cases inherited from the poor law, including tuberculosis and other infectious and chronic diseases, mental health and the like. There was therefore a degree of continuity in case types before and after the demise of the poor law, but there was nonetheless a significant change in approach. New institutions created by local authorities were not the poor law under a new guise, but were municipal in outlook as well as name. The post-poor law state, Doyle argues, wanted to cure, not to police, the infectious and indigent (p. 43).

The populations of the two case-study cities in this book had different expectations and needs, and the services that developed varied accordingly. Sheffield, dominated by heavy industry, was proletarian and "male" in culture, Doyle argues. It was therefore no surprise that it became a centre for orthopaedics in response to its local brand of workplace accidents. Meanwhile Leeds, characterized by light manufacturing, was middle-class and "female" – and its maternity provision was, consequently, relatively advanced. Leeds also had a large proportion of mutualist organisations, especially arising from its significant Jewish population. Sheffield, in parallel, had a more active trades union sector. These generalizations, especially the gendering of cities, are not

without difficulties and, moreover, gender and class intersected with service provision in interestingly local ways: Leeds, for instance, benefitted from a growth in maternity services fuelled by an increase in women able to pay for hospital births, but at the same time its paediatrics provision was "slow to develop" as a result of a culture of centralization (p. 90).

Funding arrangements were a key determinant of service provision, with sources of income for hospitals including subscriptions, donations and collections; investments; patient payments; worker and employer contributions; and public funding. Institutions took patients from a combination of funding sources, with some, like Leeds St James maternity unit, catering for private and means-tested patients as well as those who had to see the relieving officer. Proportions of income from different sources varied, and by the early 1920s most hospitals charged patients, at least on a scale. Contributory schemes were "central to hospital access" in all institutions (p. 69), and in voluntary hospitals it was the Almoner's role to assess contributions and means-test applicants for admission. The ability to pay was the important factor, not class or notions of desert, Doyle suggests: a "manifestation of the changing social role of the hospital" (p. 71).

In exploring the relationship between hospital development and the "political ecologies" of Leeds and Sheffield, two themes emerge. First, the complexity of overlapping layers of control over individual institutions and local health services. As national policy and local circumstance drove the various elements of healthcare provision towards joint working and consolidation, conflict over control was inevitable. In the voluntary hospitals, boards of management tended to be composed of long-standing local elites. The Lupton

family, for instance, held seats on the Leeds General Infirmary board from its creation in the 1860s to 1939. Such boards worked with teams of professional administrators, honorary medical advisers and contributory scheme members. Meanwhile the municipal hospitals were governed by council members acting in committee. As they were elected, unlike the voluntary hospitals' boards, their composition could change suddenly. The committees set policy, but the medical staff were under the administrative control of the local Medical Officer of Health. Party politics shaped the committees, and the 1920s saw important changes with the rise of the Labour party, more women elected to public posts, and in Leeds more Jewish members too. Additionally, joint committees attempted to link voluntary and municipal provision across the cities, with mixed results. The Sheffield Hospital Committee, for instance, was unable to make policy and became limited to administrative matters. Advisory committees also undermined institutional autonomy, Doyle suggests (p. 147).

The second important political theme is the role of individuals. Energetic and capable figures in key posts, and under the right circumstances, could cut through much of the complexity. In 1930, for example, Alderman George Martin was simultaneously chairman of Leeds's Public Assistance Committee and of the Leeds Public Dispensary, and held a seat on the board of Leeds General Infirmary. Medical Officers of Health and medical superintendents could also wield some influence, but were at risk of being marginalized by elected officials or swamped by the volume of work.

People and place are also central to Anna Shepherd's monograph, *Institutionalizing the Insane in Nineteenth-Century England*, the twentieth volume in the SSHM series. Shepherd points to the importance of place for access to care,

comparing two lunatic asylums in Surrey, south-east England: Brookwood, a county asylum for pauper patients, and Holloway Sanatorium, a private facility for the middle and upper classes. Though geographically close, the institutions operated very different care and management regimes. In part, these differences were a result of their finances and ownership, with Brookwood's public accountability limiting the potential for innovation in areas like treatment or employment practices. Expectations were also different for the two institutions because of their clientele, and Shepherd sets out her research as a study of the asylum as a lens for class relations. Workhouses in impoverished parts of south London were desperate to find appropriate accommodation for pauper lunatics, and Brookwood was built on cheap, accessible land in Surrey in the 1860s. But middle-class patients' recovery was potentially hindered by incarceration alongside the pauper class, according to a Parliamentary Select Committee of 1859, as well as by the stigma of the poor law (p. 16). Existing private care was costly, and entrepreneur and philanthropist Thomas Holloway therefore saw a gap in the market for the middle class.

Brookwood's patients were paupers in the sense that they could not afford their own care, though they were not necessarily paupers according to the poor law. (Most, however, had been in another asylum or workhouse before coming to Brookwood.) Holloway, by contrast, admitted only those who had, according to its regulations, "held such a respectable position in society as unfits him or her for association with paupers" (p. 104). "Defining 'middle-class,'" writes Shepherd, "must have presented some problems for the asylum's management." However, from the available evidence it is not clear exactly how asylum staff wrestled with the issue of social standing. Administrators collected

data on the occupations of those admitted, but there is no evidence of how – or indeed if – the information was used to regulate admissions (p. 105). Perhaps the nuances of class distinctions were self-evident, or perhaps in reality the ability to pay was the key factor. Despite being a central theme, class remains untheorized in this book. Exploring contemporary understandings of class through the details of the admissions process would have added an extra dimension to the study, though a paucity of evidence on rejected applicants might have prohibited it.

The effects of social segregation are visible, nonetheless. As Brookwood was ratepayer-funded, conditions were constrained accordingly. It employed patient assistants, for instance: a practice common in workhouses though frowned upon by the Commissioners in Lunacy. At private Holloway, families tended to be more involved and influential in the admissions process than at Brookwood. Holloway could afford to experiment with more cutting-edge treatments as the costs were of less importance there than at Brookwood. And amusements at Brookwood were fewer, less extravagant and more restricted to within the asylum walls than at Holloway, where balls were held, patients played billiards and hunted with hawks, and the deference of the superintendents created a freer environment for patients (p. 37). However, Holloway's less intrusive regime could have detrimental effects on patient care, and reduced surveillance meant that staff were less successful at preventing suicide than at Brookwood. For the staff themselves, the rural settings of both institutions brought a degree of isolation and loneliness. For medics, asylum work was professionally isolating too, at least until the First World War. At Brookwood, though, staff could intermingle more with patients and there were perhaps greater opportunities for fun. Holloway employed middle-class companions for

its patients, who did not engage in nursing care but would dine with them and help organize recreation.

Class perceptions also influenced diagnosis, as did gender and age. Shepherd draws out the subtleties of classification and diagnosis in both institutions, showing that the initial diagnosis for a patient on admission – usually mania, melancholia or dementia – was more of a description of their current state or behaviour than a clinical opinion on an underlying mental condition. In part, this "diagnosis" was based on accounts from outside the institution which came with the patient, and would have been a product of lay as well as medical associations of certain types of insanity with particular classes, sexes and/or age ranges. Mania and "general paralysis of the insane" were "male" afflictions, for example, in contrast to "female" mood disorders such as melancholia. Contrary to the historiography, Shepherd finds that women did not suffer disproportionate admission, though this may be a result of the available space within the institutions rather than of the demand for that space.

Much of the demand for Brookwood's services came from workhouses, and Shepherd traces the complex relationships between the poor law and the county asylum. Workhouses had long been regarded as unsuitable for lunatic paupers by the time Brookwood was built, and poor law guardians across south London pressed for the creation of new facilities to relieve them. Workhouses were less expensive per pauper than asylums, though, and in some cases guardians resisted the transfer of lunatics from the one to the other. For the most part, however, guardians were very keen to avoid accommodating lunatics – so keen, Shepherd finds, that the involvement of poor law relieving officers could create problems in case histories and hence diagnosis. "Suicidal" terminology

facilitated the transfer of difficult patients from the workhouse to Brookwood, for example, but it did not always match the reality of the case: Self-harm and suicide were understood as potentially separate types of behaviour by asylum medics but tended to be deliberately undifferentiated in the workhouse transfer notes.

Shepherd's account, like those of Doyle and Negrine, stresses the importance of individuals in a number of vital areas, in particular in forming and shaping institutions and in providing medical care of different types and qualities. The longevity of particular people in key roles could environments in which the sick poor could flourish or decline, or in which institutions could be integrated or fragmented, strengthened or weakened. Yet these individuals operated in wider political and economic contexts, only some of which are addressed fully in the four volumes under review. Both Shave and Kirby demonstrate the cyclical importance of local events in central government policy formation, and the role of policy promulgation in effecting local change. But taken as a whole, the four volumes do not pay significant attention to wider national political considerations – the impulses behind Royal Commissions, for instance, or changes in the new poor law's central authorities, the widening of the franchise, sanitation, housing, or war. Perhaps these specifically were unimportant, but a systematic look at national political contexts might add an extra dimension to our understanding. Similarly, there is not much on the place of the institutions discussed in these books in the broader economies of medical care from the point of view of service users. Only Doyle comprehensively analyses the relationships between various types of hospitals in particular places, though the hospitals are understood as being in orbit around each other.

Patients appear within the system, rather than as having lives independent of it. In all four books, the integration of scales from individual, through local, to national, remains somewhat tentative. Nonetheless, each volume sheds important light on medical provision, and significantly advances our understanding of institutions and healthcare.

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