

Book Reviews

Builder (23 Jan. 1864), the editor George Godwin was able to assert, “Never was change more complete than that which has occurred in hospital building since we initiated in these pages the movement against the defective plans in use, and showed the advantages of the pavilion system of arrangement now universally adopted”. This reflected the *Builder*’s dedicated support for a reappraisal of hospital design, including the earlier publication of papers by the surgeon John Robertson—which, as discussed by Anthony King in *Medical History*, 1966, 10: 360–73, were later absorbed into Florence Nightingale’s text. The practical and direct manner of her presentation still brings echoes of her impact on contemporaries—whether it be through such provocatively titled subsections as ‘Construction of hospitals so as to prevent fresh external air’; her grimly humorous assessment of existing designs, as for instance new hospitals in India that met the required minimum volume/bed allowance of 1000 cu ft by providing a floor space for each patient of 24 sq ft by 42 ft high; or her uncluttered writing style as exemplified in the first attention-riveting (and much quoted) sentence of the Preface to *Notes on hospitals*.

The books conflate ideas on a wide, and sometimes disjointed, range of topics: survey statistics; building defects; principles for new buildings; special design requirements (e.g., for convalescents, children, soldiers’ wives, Indian military hospitals, a training school for midwives); systems of nursing and management. Plans, details and tables amplify all this.

Both books reflect a desire to see information properly collected and presented (with the opportunity not missed to include an exemplar survey form for the recording of data). Some harsh statistics on variations of death rates by different types of hospital were used to emphasize practical building implications as she saw them. Although Florence Nightingale’s opposition to contagionism was implacable, and, as Rosenberg points out, she was by the time of the 1871 volume drawing still further apart from the medical consensus on disease transmission, her desire to provide a rationale in design would have come as a welcome, unambiguous, and highly useable guide for architects. For the latter there were “principles of construction” that covered everything from site selection, size of pavilions, and ward planning, to windows, ventilation, furniture, drainage, or water supply. The many health care buildings subsequently influenced by these guidelines—in particular the pavilion hospitals and workhouse infirmaries—can still be seen as distinctive elements in the fabric of many English towns. The first large-scale pavilion hospital to be completed in England, the 650-bed Herbert Military Hospital, Greenwich (1865; Capt. D. Galton RE, with Florence Nightingale closely involved) is illustrated and described in *Notes on hospitals* as a key exemplar (“All the advantages of the Vincennes and Lariboisière plans without any of their disadvantages . . . will be by far the finest hospital establishment in the United Kingdom, or indeed in Europe”).

So there is an appropriateness that these volumes should become available when the Royal Herbert Hospital has lain empty for a decade, with some suitable pattern of new uses urgently sought to keep it intact on its commanding site. And at a time when the extensive, but dwindling, record of later nineteenth-century health care buildings in England now needs considerable architectural re-evaluation, this publication provides a helpful and important point of reference.

Jeremy Taylor, York

ALAN DERICKSON, *Workers’ health, workers’ democracy: the Western miners’ struggle, 1891–1925*, Ithaca, Cornell University Press, 1989, 8vo, pp. xviii, 251, illus., \$29.70.

From the standpoint of a student interested in “the people’s health” this detailed and finely written examination of the health experience of metal miners in western America has a great deal to commend it. Firstly, it is a reminder that in a period when a much larger proportion of time was spent at work, the labour process and the work environment were amongst the most significant causes of health problems and mortality. Here the main occupational health hazards associated with the industry are outlined in gory and vivid detail, though throughout the text Derickson balances subjective with qualitative evidence well. Secondly, the author unequivocally demonstrates the culpability of capitalism—how the quest for profit directly led

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to a blatant neglect of workers' well-being and to deteriorating health standards on the job, which were in turn obscured by a corrupt establishment medical profession which was predominantly in the pay of the bosses.

Thirdly, and most significantly, this account has firmly undermined the stereotypical myths of a fatalistic working class quietly and passively accepting monstrous risks to life and limb on the job and an economic trade union movement unconcerned about workers' health. Derickson's miners are not just victims of capitalist hegemony but active players on this historical scene. The author critically evaluates the pivotal role played by the Western Federation of Miners and the trade union locals through a range of sickness, injury, funeral and other "insurance" benefits, legal aid, mutual help and advice, and, uniquely, through creating, financing and directing union hospitals, starting with the pioneering Coeur d'Alene in 1891. The experience of British cotton and coal workers, and their unions, would go some way to corroborate the Derickson thesis of a labour movement campaigning and struggling incessantly to minimize health risks, protect members, prevent excesses and raise health standards on the job.

Furthermore, by exploring health at the point of production, Derickson provides an additional perspective on the labour process debate informing the motivations behind struggles on the issue of work control, clearly indicating that health was an integral part of what R. Edwards has termed the "contested terrain" between capital and labour. Derickson is at his best in delineating the process of class confrontation and inevitable violence which accompanied such struggles in American metal mining over issues of health and welfare.

There are few omissions or inconsistencies in this book. The case study is, however, rarely placed within a wider comparative framework and hence we learn little about whether the hospital provision schemes, or political campaigning of the metal miners on health issues is typical or exceptional. The issue of industrial fatigue and overstrain is not explored in any meaningful way, nor the connections between the acceptance of the concept of fatigue by owners, other elements of "scientific management" and the so-called "new paternalism". Moreover, the occasional comparative comments on trade unionism in Britain are misleading, based as they are on a reading of somewhat dated literature. However, these minor caveats do not detract from an exemplary, pioneering piece of highly original scholarship, which is extremely well written and crisply constructed, balanced and well corroborated in argument, lucid and, mercifully, uncluttered with medical jargon. If the struggles so cogently evaluated in this text provide an inspiration to individuals currently working to extend democratic control over health provision, they also raise a whole plethora of searching questions and hypotheses for social and medical historians exploring the neglected interactions between occupation and health. For this invigorating shot in the arm we are deeply indebted to Dr Derickson.

Arthur McIvor, University of Strathclyde

TODD L. SAVITT and JAMES HARVEY YOUNG, (eds.), *Disease and distinctiveness in the American South*, Knoxville, University of Tennessee Press, 1988, 8vo, pp. xvii, 211, illus., \$24.95.

How has the experience of disease in the southern states of America been different from that of the North? Has the South always been more sickly or is this perception merely a Yankee prejudice? Have questions of health and disease been part of a particularly southern self-consciousness and identity? The question of distinctiveness has long been a central issue to historians of the American South; this collection of seven essays by historians of medicine now addresses it from the point of view of the history of disease.

Insofar as this book answers the question, the South was indeed distinct: it was considerably sicker. Southerners had the worst health in the nation. Insurance companies charged higher premiums to their southern subscribers. The Sickly South was characterized by the three endemic "diseases of laziness"—malaria, pellagra, and hookworm. Although yellow fever had retreated from the North, it continued to be the "scourge of the South" in the nineteenth century. Todd Savitt's chapter describes the special health hazards of slavery in the ante-bellum South, including deaths from dysentery, typhoid, measles, whooping cough, accidents, beatings, and