

academic research has been produced on the long-term development of British welfare policy. Hence Maurice Bruce's pioneering *The coming of the welfare state* (1961) was followed in 1973 by Derek Fraser's *The evolution of the British welfare state* (3rd ed., 2003) with its nuanced account of the nineteenth-century accommodation between laissez-faire and collectivism. Then in 1982 Pat Thane's *Foundations of the welfare state* (2nd ed., 1996) injected a gendered and comparative perspective. Harris ably maintains this tradition by incorporating into the well-known story not only rich new historical detail but also quantitative evidence and theoretical insights gained from the social sciences. It may have taken longer than the standard decade to produce but that is because there is so much more to incorporate. A crisis in both the welfare state and the history profession has questioned the fundamental nature of both.

Some critics may complain that this book is not as good a read as its predecessors. They may question, for instance, why even the preface requires five footnotes and why Charles Webster, let alone some lesser historians, deserves as many index references as Lloyd George. They may also cavil at the density of the text and the lack of any clear overarching theme. Such criticisms, however, are unjustified. Social policy by its very nature is complex. Simplicity can therefore mislead. For instance, the "nuts and bolts" of policy are often far more revealing of both the underlying purpose and actual impact of policy than its professed grand design. Moreover, there is no justification, as in some competing accounts, for policy areas to drop from view when there is no dramatic new legislation. Patients do not suddenly stop being treated in the absence of new health legislation. Significant if subtle shifts in the implementation and financing of policy can also occur. Harris presents the fuller and more satisfying, if necessarily more complex, story.

The lack of an overarching theme presents a bigger problem. Given the opening theoretical chapters and the "restructuring" of the welfare state since the 1970s, the bold question might have been asked: how viable was the

"mixed economy of welfare" in 1939 with its apparent accommodation between state, market and voluntary provision? Was this the natural destination of the "welfare escalator" which Victorian society boarded? Was excessive centralization between 1945 and 1976 simply an aberration caused by the temporary social solidarity and faith in "big government" encouraged by the Second World War? The adoption of such a theme, however, might have slanted the selection and presentation of evidence. That would have been unfortunate since one of the book's greatest strengths is its comprehensive bibliography and the breadth of the evidence, both qualitative and quantitative, which it deploys. It is indeed an ideal quarry for others. No library should consequently be without it. All welfare specialists should have it as a reference tool and all serious students should use it as both the grounding and a stimulus for their research.

There are three discrete chapters on health care summarizing changes in policy and practice. Clear, and often novel, quantitative evidence covers principal health outcomes as well as the varied provision of services by, and use of, national health insurance and both voluntary and municipal hospitals. Each chapter challenges some conventional truths and provides a stimulus for further thought. Such thoughts, moreover, may be placed in the context of other policy, if not political, developments through a reading of other chapters. This book, in short, provides both a comprehensive introduction to welfare policy and one further reason why the temptation to write medical history as if it were an academic ghetto can be resisted.

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Hera Cook, *The long sexual revolution: English women, sex, and contraception 1800–1975*, Oxford University Press, 2004, £35.00, pp. xiii, 412 (hardback 0-19-925239-4).

The long sexual revolution describes the interlinked histories of sexual attitudes, sexual

practices, contraceptive practices and fertility across the nineteenth and twentieth centuries. The premise of the work is that sexuality and reproduction are intricately bound together: before the development of artificial insemination techniques, heterosexual coitus was necessary for reproduction to occur, and Hera Cook argues that attitudes to sex have been shaped to a considerable degree by the inevitability of the economic and particularly the physical effects of pregnancy, birth, breast-feeding and child-rearing.

Through recourse to diaries, biographies, sex manuals, and surveys, Cook argues that the majority of couples in the eighteenth and early nineteenth centuries did not have access to any form of effective direct method of birth control, even *coitus interruptus*. Undoubtedly some individuals were *au fait* with withdrawal, but Cook argues that the typically English reticence to discuss sexual practice, together with poor effectiveness, meant that it was unlikely to have been repeatedly re-discovered or to have become popular. Abstinence and abortion were therefore the only methods of preventing unwanted children in this period. When the industrial revolution enabled earlier marriage and England was catapulted into an unwanted increase in fertility, the fear of yet another birth and the consequent economic and physical costs engendered a negative attitude to intercourse among women and the more widespread use of abstinence. The control of fertility through the control of sexual desire led to a repressive sexual and emotional culture and the establishment of a norm of low coital frequency. Even when a wider range of more effective contraception became available, most methods were still too expensive, impractical and embarrassing for the now prudish, sexually inhibited female majority. Cook argues that in general women still would have preferred to avoid intercourse altogether, but compromise with their husbands led to the establishment of withdrawal as the dominant method of birth control throughout the first half of the twentieth century. “No sex please, we’re British” might have been an alternative title for this volume.

In the inter-war era the relaxation of the sexual regime and more widespread knowledge of more effective contraception produced an increase in coital frequency. This, together with earlier marriage fostered by the favourable economic climate, outweighed the advantages of effective birth control, and led to an increase in family sizes: Cook argues that this was a final fling for Hajnal’s European marriage system. It was only really the advent of the pill in the 1960s which enabled the real sexual revolution, effectively removing the risk of pregnancy from intercourse and so divorcing sex from any economic or social consequences. In fact, Cook maintains that it was only the pill which enabled the link between women’s sexual activity and eventual marriage and childbearing to be sundered, provoking the more recent massive changes in family forms and relations.

Capturing accurate and comparable data on sexual practices and attitudes is notoriously difficult, particularly for the past, but even allowing for this, the book is still rather light on concrete examples and statistics. Where tables and graphs are provided they are often inadequately titled and poorly explained. Proof-reading could have been better: at least two authors’ names were repeatedly mis-spelt in the text or footnotes, but the images conjured up by the erroneous reference to “Sexual Altitudes” (fn. 20, p. 326) are worth it.

This is an ambitious and generally coherent attempt to interweave changes in sexuality and fertility, and an interesting and worthwhile read. It does leave the implications for traditional theories of fertility decline (such as innovation, adjustment, and diffusion) for others to contemplate, and its arguments rest on a number of debatable premises. For example, if abstinence was an available mode of behaviour, can it really be argued that *coitus interruptus* was not? Were fertility strategies really as conscious as portrayed? Could the disinclination for intercourse among high parity women be due to temporary exhaustion—albeit child induced—rather than an overt desire for no more children? Do all women

really seek to avoid breast-feeding where at all possible? There are plenty of other interesting questions raised and the resulting discussions among both demographers and social historians should be eagerly anticipated.

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E A Heaman, *St Mary's: the history of a London teaching hospital*, Montreal, McGill-Queen's University Press, and Liverpool University Press, 2003, pp. xxi, 519, illus., £30.00 (hardback 0-85323-968-1), £15.00 (paperback 0-85323-978-9).

A major contribution to the literature of medical institutional histories, E A Heaman's history of St Mary's should be welcomed by anyone interested in the development of medical training and care in Great Britain, as well as those concerned with how particular London hospitals and schools have evolved. Heaman sets out her agenda clearly, in the Introduction: "I wanted to do more than to commemorate the school; I wanted to identify the forces and influences that led to its creation, that sustained and shaped it over the years, and that made it unsustainable at the end of the twentieth century" (p. xviii). She has succeeded admirably.

The organization of Heaman's account—a smooth integration of a chronological with a thematic approach—is apparent in the table of contents. The five parts of the book ('Foundations', 'From the late Victorian period to the First World War', 'The interwar period', 'The rise of science', and 'St Mary's at the century's end') are well titled, and numerous subtitles within chapters are good signposts on a long and winding path. The list of 'Figures and chart' in the front matter is good to have, but the absence of a comparable list of photographs is unfortunate, especially in light of the lavish use of illustrations. (A further disappointment is the failure to give greater detail in the photo captions. When was the old physiology laboratory, shown on page 80,

photographed? And the picture of 'Modern surgery' on page 436 desperately needs fuller description.)

A central thread of the story is St Mary's adaptability. The titles of chapters 4 and 7 ('The changing hospital') in a way describe the whole book, and there are frequent reminders that "change" was a constant. Heaman examines the institution from a variety of angles, and although the book—perhaps perforce—focuses largely on those (male) figures who dominated St Mary's hospital and school in the early and middle years (the story could not be told without detailed attention to Sir Almroth Wright; Charles Wilson, Lord Moran; or Sir Alexander Fleming), students and student life receive a reasonable amount of attention. The unusual degree of emphasis on athletics (especially in chapter 9, 'Moran's Mary's') helps explain what made the culture of St Mary's distinctive through several decades. Some might want to argue that women students and (later) staff do not get their due, but given historic realities, Heaman has done a fair job. Nurses and nursing also get somewhat short shrift, as does the patient's perspective.

Another strength of the book are the reminders that historic events must be examined in context: "success or failure is no necessary proof of the wrongness or rightness of any of these men or their theories" (p. 123); "pathological lab work . . . had begun to expand enormously before Wright developed his vaccine therapy . . . Wright benefited from rather than initiated the rise of the pathology lab" (p. 134). This book is then, happily, no uncritical encomium of St Mary's or its central figures. Appropriately enough, however, there are occasional references to something or someone that put St Mary's in the forefront: "During the early 1980s St Mary's became the first medical school to integrate an attachment in general practice with the pre-registration house jobs in medicine and surgery" (p. 379).

The wider world of medical politics receives good coverage, and Heaman supports well her contention that "Health came to occupy the mainstream of politics" (p. 191). What