and paying particular attention to the accounts of neurologists—a crucial group in the emerging profession of psychiatry. The second, provides both an examination of medical interest in appetite loss of all forms and a detailed consideration of Gull's work. This is followed by a discussion of Lasègue's theorizing and of the linkage between anorexia nervosa and family relationships, that draws on contemporary cultural ideas: anorexia is seen as "a striking dysfunction of the bourgeois family system" (p. 134).

The next chapter describes nineteenth-century treatments of anorexia nervosa. Brumberg points to the tension between the medical belief that removal from the family environment was necessary and the hostility to the mental asylum as a location for the treatment of young middle and upper class women—a tension that led to range of *ad hoc* solutions including travel, visits to relatives, as well as stays in private "hysterical homes", cottage hospitals and water-cure establishments. She also examines the medical focus on weight increase, still a clinical concern today. The final chapter of this group examines the culture of medical examination and then the meanings surrounding eating and appetite in the final decades of the nineteenth century. Two more chapters deal with anorexia nervosa in the twentieth century. One focuses on treatments, including physical and psychological interventions. The other looks at dieting and eating, the revolution in terms of how and what we eat this century, and the culture of thinness for girls and young women that has developed since the Second World War. This culture, and the strong normative pressures with which it is associated, increases the numbers at risk for anorexia nervosa.

Brumberg's discussion of Gull's and Lasègue's ideas, her description of individual cases of fasting girls and her examinations of the meanings of food, eating, fasting, and dieting are informative and thoughtful. Yet she does not circumvent entirely satisfactorily the dangers of abstraction and decontextualization that any author faces in writing the history of a single disease. On the one hand, she succumbs to the temptation to spend rather too high a proportion of her text on individual cases—illuminating though many of them are—so that there is rather too little space for discussion of how they fit in with and relate to a broader pattern of contemporary social relationship and ideas. On the other hand, her theoretical bias towards the key importance of culture in the understanding of anorexia leads her largely to ignore the broader structural changes in society—issues such as the relation between social classes and the pursuit of professional power and interests. Suprisingly, for example, she makes little reference to the important and influential corpus of work on the history of medicine and psychiatry that has appeared over the past two decades, apart from mentioning some of the feminist studies.

Brumberg has, therefore, done some useful groundwork in her historical study of anorexia nervosa and has produced an interesting book; a more definitive history remains to be written.

Joan Busfield, University of Essex

HILARY MARLAND, *Medicine and society in Wakefield and Huddersfield 1780–1870*, Cambridge University Press, 1987, pp. xxiii, 530, £40.00

The rather straightforward title of this substantial volume does not fully encapsulate its range of analysis. Instead of the traditional concentration on leading medical figures and the administration of the major medical institutions, this study, derived from a Ph.D. thesis, examines not only the voluntary hospital and dispensary provision and Poor Law facilities, but also friendly society provision for the sick and, most interestingly, non-regular "fringe" practice in these two West Riding communities. The linking of the various forms of medical provision with the economic and social development of the two towns is almost unique in recent studies, a notable exception being Pickstone's volume on the Manchester region.

Wakefield remained essentially a marketing town based on corn, malt and wool, whereas Huddersfield developed strongly in textiles, both from small-scale entrepreneurs and merchant-manufacturers. Wakefield started first in establishing charitable organizations, but

Huddersfield was to catch up and even overtake. For example, a dispensary was founded in Wakefield in 1787 but not until 1814 in Huddersfield. However, Huddersfield went on to support an infirmary in 1831 but Wakefield waited until the mid-1850s. Politically, Huddersfield was dominated by Radical Whigs, whilst Wakefield swung between the Liberals and Conservatives. The two towns did not suffer the worst excesses of public health and disease problems compared with the major industrial towns of the West Riding, and spatial residential segregation was less marked.

After an initial overview, Marland considers the various forms of medical provision available and examines the nature of medical personnel and their relationships amongst themselves and with others in the two towns. Marland starts with the basic form of medical relief, the Poor Law. Under the Old Poor Law relief to individuals could be humane and generous, using a wide variety of agencies, recognized and "fringe", and enabling the individual to stay at home, often with additional help in the form of fuel or nursing attendance. These practices were swept away after 1834, though out-relief was maintained. The larger units saw the breakdown of the essentially individual relationship with the recipient of relief and, indeed, between medical officers and the Boards of Guardians. However, there were contrasts between Wakefield and Huddersfield. The former had by 1852 opened a separate facility for the sick and appointed a workhouse medical officer. Huddersfield was not under the same pressure as it had more extensive voluntary provision for the sick. However, there was a deterioration in the quality and range of Poor Law medical relief after 1834. A fascinating account follows of the founding and continued support for the medical charities in the two towns. Medical charity attracted a wide range of support, often commercial, usually without sectarian or religious divisions being apparent. In Huddersfield the merchant-manufacturing groups not only provided the financial backing but also took a direct part in policy decisions and in the day-to-day running. The provision at a low cost of efficient and selective medical treatment for the working class helped to ensure labour crucial to the functioning of the local economy. In Wakefield support was more widespread and less emphasis was placed on the treatment of industrial injuries. Women come to the fore in the financing and the control of the management of the Wakefield House of Recovery, which was designed to remove the threat of epidemic disease from the community. Marland gives evidence for a narrow and static role for charities as control remained firmly in the hands of laymen. Social and economic considerations dominated medical ones.

Self-help provision of sick pay and medical care is examined in an exhaustive analysis of the friendly societies. Marland demonstrates the popularity of such provision, principally for men, by showing increasing support through the nineteenth century, reaching approximately ten per cent of the local populations. The principal illnesses emerging from the records of benefits were long term, seasonal and chronic. Such cases were commonly excluded by the medical charities. As Marland notes, the friendly societies "gave their members a degree of choice over their own health, and led to a decreased reliance upon charity and poor relief".

An illuminating chapter on fringe medical practice shows an increasing range of practice available over and above traditional folk healers and itinerants. Homoeopathy, mesmerism, medical galvanism, and phrenology, for examples, were in evidence. The boundaries between regular and irregular medicine were vague. The regulars conducted fierce campaigns against, in particular, the itinerants, whilst being less critical of the local healers. Itinerants developed entrepreneurial skills and used handbills, posters and advertisments in the expanding provincial press to boost their trade. Chemists and druggists became competitive retailers. The working classes were attracted to the irregulars, particularly when they offered the greater certainty of a cure using less drastic and painful methods than the practitioners of orthodox medicine. Equally, the costs of treatment were often less. Fringe practitioners also had a ready market from the middle class, who wished to minimize their bills and to make use of more promising treatments. Marland's analysis of the medical profession in the two towns follows the lines suggested by Ivan Waddington and by Jeanne Peterson: Wakefield tended to attract a higher class of practitioner, given its social characteristics, and Huddersfield lagged behind for much of the nineteenth century in establishing a medical élite.

This comprehensive study, covering every aspect of medical provision from the perspectives of the client and the provider, gives new insights into health care in the nineteenth century. Self-help appears to predominate over institutional provision. However, the most important overall conclusion is that such local comparative study "enables us to learn more about the relationship between medicine, history and society".

John Woodward, University of Sheffield

JEAN-PIERRE GOUBERT, *The conquest of water: the advent of health in the industrial age*, with an Introduction by Emmanuel Le Roy Ladurie, trans. Andrew Wilson, Princeton University Press and Oxford, Polity Press, 1989, 8vo, pp. iv, 293, illus., £29.50.

In 1884, the French Ministry of Public Education declared: "It must be admitted first of all that, of all the civilised nations, our is one of those which cares least about cleanliness . . . " (p. 157). In the same vein, one retired French physician interviewed by Jean-Pierre Goubert asserted that "French people are naturally dirty" (p. 144). Both these statements reflect what seems to have been up to the mid-twentieth century a longstanding French preference for dirt and strong odours. Indeed, among the nineteenth-century French peasantry dirt was considered a disease preventive, while strong bodily odours were associated with sexual potency.

In this sociocultural history of water, Goubert explains that the French remained "the unwashed" not just from cultural preference but also for practical reasons related to scarcity and expense of water and badly heated dwellings. To combat the French prejudice against bathing and washing, physician-hygienists preached the gospel of hygienism, emphasizing public health and private hygiene. Hygienists encouraged the use of water to combat, first, disease-causing miasms and, later, Pasteurian microbes. Hygienism also served broader sociopolitical aims. Hygiene—incorporating the "cleanliness is next to godliness" philosophy—was one response to the nineteenth-century "social question": how were the lower classes, urban and rural, to be managed and controlled—indeed civilized? The answer, according to physician-hygienists and Third Republic politicians, was "Make them like us!" or *embourgeoisement*. Hygienists would inculcate the habits, values, and morals of the middle class into the lower social orders. In this way physicians and educators could carry out *la mission civilisatrice* to the barbarians and savages within metropolitan France.

The main theme of Goubert's book is the notion of a dual revolution: the scientific revolution which accompanied new knowledge of water—with the advent of epidemiology and bacteriology; and the cultural revolution in French citizens' attitudes towards water and habits related to its use. Central to this dual revolution were the physician-hygienists, who functioned as agents of medicalization—the priests of the new secular religion of hygiene—and who defined water and the appropriate habits and standards of behaviour associated with its use.

Looking at water as idea, substance, and tradition, Goubert examines changing historical concepts of water. Nineteenth-century scientists objectified water, making it a substance to be studied by chemists, epidemiologists, and bacteriologists. Subsequently, water became a commodity to be industrialized and commercialized. During the nineteenth century water evolved from a luxury item for the affluent classes to an essential commodity required by all. As France became secularized, democratized, and industrialized, so did water. In the course of the century, scientists first defined and then redefined water from a healthy, pure substance to a medium for the breeding of pathogenic micro-organisms and the transmission of disease. At the same time hygienists promoted water as a major disease preventive in the nineteenth-century public health campaign. Physicians also continued to emphasize the traditional therapeutic properties of water. A wide cultural gap, however, removed the majority of French citizens—the peasantry—from the ideas and values promoted by the ruling political and scientific élite. The peasantry held far different attitudes toward water. Among the peasantry water carried strong religious and symbolic overtones and had traditionally been associated with purity and major life events. At the same time, however, peasants resisted water and cleanliness because of tenaciously held ideas about the protective value of dirt.