

**Lara V Marks**, *Metropolitan maternity: maternal and infant welfare services in early-twentieth-century London*, Wellcome Institute Series in the History of Medicine (Clio Medica 36), Amsterdam and Atlanta, GA, Rodopi, 1996, pp. xxii, 344, illus., Hfl 55.00, \$36.50 (90-5183-913-8).

The history of the welfare state has, in the past twenty or so years, moved away from a simple teleological account of a shift from the cruelty of the new Poor Law to the new Jerusalem of Beveridge. There is now a much more sophisticated understanding of the risk pools of various forms of welfare provision, of the interplay of interests in the shaping of policy, of the impact of Idealism and patriarchy, and of the place of the British welfare state in comparative perspective. But one area has been relatively neglected: the *local* development of welfare provision. There has, it is true, been a concern with the distinctive patterns of provision within the old Poor Law, largely as a result of the work of the Cambridge Group for the History of Population and Social Structure. There has been excellent work on local variation in patterns of philanthropy, not least in the provision of voluntary hospitals of which the best examples have been Hilary Marland on Wakefield and Huddersfield, and John Pickstone on Manchester and its region. It has also been suggested that employers' attitudes to national legislation varied, so that industrialists in Birmingham supported the national insurance schemes of 1911, whereas their counterparts in the north-east of England were hostile. Despite these suggestive hints of the importance of regional or local divergences, the approach is relatively undeveloped. Lara Marks' excellent study of the provision of maternal and infant welfare services in four London boroughs is therefore particularly welcome.

The lack of such studies is surprising, for it is clear that in the nineteenth century the role of local authorities was considerable, and the central state passed many responsibilities to the localities. The growth of local government expenditure was much more rapid than central

government expenditure, and there was a very active and dynamic municipal culture from about 1860, with towns vying with each other in the provision of art galleries or museums, town halls and water works. Recent work by Bob Millward has indicated that there were divergences between towns in the municipalization of public utilities, and he has made some attempt to explain the lags and leads in terms of the need of revenue from trading activities, and the extent to which the municipal boundaries coincided with the area supplied by the utilities. There is, however, little systematic analysis of the extent to which different authorities were able to provide welfare services and—a vital point—how much real difference it made. Could it be that local authorities spent more or less on welfare, but made little difference to life chances because their efforts were overwhelmed by the level of poverty or overcrowding in the town? What *Metropolitan maternity* shows is that the efforts of local authorities did matter.

Marks focuses on the provision of infant and maternal welfare services in four metropolitan boroughs from about 1900 to 1939: Stepney, a poor East End district dominated by casual labour and high levels of overcrowding; Woolwich, with its skilled artisans and relatively good housing stock; Hampstead, a prosperous suburban area; and Kensington, an area with a large number of wealthy residents but also with considerable numbers of poor and swathes of notorious slums. Surprisingly, the poorest district—Stepney—had the lowest level of maternal mortality, in large part because of the standards of maternal care provided by the voluntary teaching hospitals in the area. By contrast, the wealthy mothers of Hampstead who were able to purchase the services of a general practitioner or midwife were more likely to die as a result of childbirth. Medical care was more significant than economic conditions in the case of maternal mortality, but not infant mortality, which was highest in Stepney and Kensington. Nevertheless, the pattern of local provision did matter: the poorer district of Woolwich had a much better record than Kensington, and the

reduction in infant mortality over the period was greatest in Woolwich and, in particular, Stepney, reflecting their active provision of services and the commitment of Labour to expenditure. In Kensington and Hampstead, the needs of the ratepayer were given priority over the needs of the poor. Not only did the levels of provision vary, and to some extent reduce the importance of economic and social conditions, but the success of the services improved as a result of changes in the attitudes of the health-care professionals to mothers which affected the rate of uptake. Here Kensington, which in other respects had a poor record, stands out for the pioneering work of women within philanthropic bodies.

The analysis will be of great interest to medical historians, but it would be a great pity if the implications of Lara Marks' study were not realized by other historians. There has been a spate of recent studies comparing British and continental European policies towards motherhood and infancy, with excellent studies such as Susan Pedersen's analysis of child allowances in France and Britain. But it is clear from Marks that there were wide variations within London, let alone Britain as a whole. This should not be surprising, for a very large part of total government expenditure was local, and how it was spent obviously varied widely and had considerable impact on life chances. Marks' account of infant and maternity services should be linked to the provision of public utilities and schooling, for example, to get a wider sense of the variation over the country. It is clear that the central government was becoming concerned by the 1920s about the ability of councils such as Stepney to ratchet up expenditure, which was increasingly being shifted to the central government through grants in aid. Should these grants be linked with local expenditure, which would encourage the more adventurous councils to take initiatives: or should they be set by formulae which would impose more central control? There was considerable concern that the Poor Law would fall into the hands of Labour and the beneficiaries of welfare and so drive up expenditure; and the

issue of control over municipal expenditure was at the centre of the reform of local government finance in 1929. Control of the central state was becoming more important in the finance of local services, and it was in any case clear that the provision of a uniform, national standard of welfare meant moving away from the localities to the nation. The result was another debate, over the loss of democratic, local accountability of welfare provision. Local authorities lost their control of hospitals in 1948, and of maternal and welfare services in 1974. These trends in the provision of welfare services are central to the understanding of the changing nature of the British state over the nineteenth and twentieth centuries.

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**Joan H Fujimura**, *Crafting science: a sociohistory of the quest for the genetics of cancer*, Cambridge, Mass., and London, Harvard University Press, 1996, pp. x, 322, £29.95 (0-674-17553-0).

*Crafting science* studies the development of oncogene research. The book traces the background of the discovery of genes related to the genesis of cancer, describes their transformation into "established scientific facts", and follows their use in several specialized laboratories. Fujimura was trained in the interactionist sociology tradition, and is familiar with social studies of science and with ethnographies of the laboratory. She borrows from these three approaches to observe how science is made through interactions between actors belonging to different social worlds. Scientific practice, sociologists of science explain, is much more diverse and locally contingent than it was once assumed to be. The question then is how science achieves a high level of conceptual unity and technical efficacy. Fujimura's book proposes that in order to answer this question one should look at the articulation of different aspects of scientists' work, especially the planning,