such an unappetising farrago of sloppily composed, confused, and confusing writing that—perhaps appropriately—they threaten to drive the reader to distraction.

Even leaving to one side its often clumsy and soporific prose and focusing solely on the scholarly value of the text, one confronts a real curate's egg of a book. Here is a volume which purports to provide a definitive history of one of the major psychiatric institutions of the Western world, but achieves that lofty goal only intermittently. Portions of the text, as I have suggested, are first-rate, thoroughly researched and genuinely original; others are pedestrian and plodding, myopic manifestations of historians earnestly working their way through internal memoranda and hospital records that might better have been left to moulder in a decent obscurity; and then there are yet other portions of the volume which stitch together poorly documented, slipshod, and even factually unreliable representations of the events they purport to discuss. Taken as a whole, and in the context of the explosion of interest in the history of psychiatry over the past quarter-century, *The history of Bethlem* must be regarded as a major disappointment.

Edwin Chadwick Revisited

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Christopher Hamlin, *Public health and social justice in the age of Chadwick: Britain, 1800–1854*, Cambridge History of Medicine series, Cambridge University Press, 1998, pp. vii, 368, £40.00, $64.95 (0-521-58363-2).

Edwin Chadwick bestrides the history of public health, the near-mythic founder of the sanitized city who sits, together with John Snow the founder of epidemiology and Lord Lister the founder of modern surgery, in the English Trinity of progressive Victorian medicine. Difficult, doctor-hating and bloody-minded, inspired by Benthamite ideals and impassioned by the recycling of sewage and by egg-shaped sewers, Chadwick's popular image has been well established by older histories, notably Sammy Finer's biography and R A Lewis's study of his contribution to public health, both published in 1952. The very title of Anthony Brundage's 1988 study, *England's "Prussian minister"*, appeared so to endorse the legend that it almost seemed unnecessary to read it. It says something of the power of this image, and of the fresh fields available to, and diverse interests of, the young discipline of medical history, that there has been no established corner in Chadwick studies, that no revisionist hand should have laid hold on the myth in forty-odd years. Yet as presented by Finer and Lewis, the Chadwickian public health story now has an old-fashioned air—it is top-down history, characteristic of its period, unquestioning of modernization as a desirable good, uncritical of contemporary rhetoric, incurious of the wider cultural context within which the creation of public health took place. To a later generation of scholars, still excited by the concepts of contest, construct and contingency, it lacks edge and depth. However rightly many social historians resist the wilder shores of post-modern interpretation, these methods, judiciously used, have an undoubted value in assisting the historian to set self aside, and in enriching our understanding of the past.

Modern revisionism often appears negative, almost opportunistic, in the sense that it diminishes the significance or eminence of an

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historically prominent figure by reviewing evidence critically, or by reconstructing cultural and intellectual contexts: F B Smith's essay on Florence Nightingale, and Gerald Geison's study of Pasteur stand as examples here. As the notorious creator of public health in England, Chadwick seems an obvious candidate for the same treatment. However, Chadwick's personality is well known to have been flawed, so disillusion on that score is likely to be less intense, and he was a genuinely important figure: not an independent operator but a civil servant, he was involved not only with sanitation but also with the New Poor Law, and his career and activities form part of a pattern of administrative growth at a period of enormous social and political uncertainty. No one could deny Chadwick's role in the founding of modern public health. Whatever else Chadwick was, he was undeniably an active participant in a significant historical process. The concept of an early nineteenth-century "revolution in government" was introduced by Oliver MacDonagh in 1958, and it has long been recognized that the public health story is an integral part of that wider administrative response to a newly urbanizing society. Chadwick's work as a civil servant is illustrative of the processes of nineteenth-century government. Moreover, the administrative revolution of which public health was so much a part took place within a highly fragile political context, which scholarship has done much to illuminate since the publication of E P Thompson's classic *The making of the English working class* in 1963. Post-war depression and the emergence of a cyclical pattern of economic growth and slump; growing political consciousness, with insurrections and revolutions in France and elsewhere, culminating in the Year of Revolutions in 1848; Reform Act agitation, Chartism and Corn Law Repealers at home; all made the years between 1815 and 1850 years of special political sensitivity which touched all actions taken or contemplated by government whether Whig or Tory. Political rights and social justice, and their achievement without revolution, were critical preoccupations for the ruling classes at this period. Whatever other motives Chadwick may have had in his career as a civil servant, he was certainly aware of the political contexts of his activities.

A great deal of water has thus passed beneath the bridges of scholarship since Finer and Lewis described Edwin Chadwick's contributions to English society and established his legend, and as the 150th anniversary of the first Public Health Act occurred in 1998, a reassessment of Edwin Chadwick's contribution to the creation of public health is timely. It is probably fortunate for Chadwick, and certainly fortunate for historians interested in health, government and urbanization in the nineteenth century, that this reassessment has been undertaken as a serious scholarly enterprise. Entirely modern in its approach, yet written in language remarkably free of jargon, so articulate in its presentation of the new conceptual history as to be accessible to the most unregenerate traditionalist, Christopher Hamlin's *Public health and social justice in the age of Chadwick* sets a standard for modernising histories of science, medicine and society. Both text and footnotes testify to extensive and reflective exploration of relevant nineteenth-century literature. Hamlin can be ponderous ("Let us set this drama in motion", p. 84), and the texture of his writing, with considered accounts of, for example, differing contemporary perspectives on the nature of diseases (pp. 58–61) or Southwood Smith's views on contagion and predisposition (pp. 114–19) may at times try the stamina of historians from non-medical sub-disciplines, but for those interested in the hows and whys, and possible alternatives, of history, these are the stuff through which understanding of the past is made.

As regards Chadwick, the central thesis of Hamlin's book is straightforward: Chadwick's passion for sanitation was born of expediency, to divert medical and political attention from the failure of the New Poor Law and from poverty as a cause of disease, and it developed by expediency, because Chadwick was struggling to safeguard his career. Beyond the biographical corrective, however, Hamlin is

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concerned with deeper issues: with the question of how broadly "public health" was to be defined (a question posed by William Coleman for France in *Death is a social disease* [1982]), and with that of the power relations embodied in sanitary works, as raised by Michel Foucault in another modern historiographical classic, *Discipline and punish* (c. 1977). Because of Chadwick's career needs, the whole focus of public health reform in England was shifted from the social to the environmental, from people to structures, from poverty to water and sewers, and the construction of "public health" as pertaining essentially to the latter firmly established. Because Chadwick was a systematic, principled reformer, he was determined on central control in enforcing his particular vision of sanitary progress, and thereby raised the demon of tension between central and local government which complicated relations in so many aspects of social policy for the remainder of the century at least.

The book falls into three parts, and describes also three processes. The first two chapters explore the pre-Chadwickian relationship of medicine to the great social issues of the period, alternatives to the Chadwickian solution, and the failure of the medical profession to take up a leading role in questions of public health. The central section of the book focuses on Chadwick, his successful challenging of contemporary medical opinion on the causation of disease in the years between 1832 and 1845, his construction and definition of the idea of sanitation. The final chapters trace the processes by which public health was translated into an urban question and the middle class enlisted in support of it, and by which the towns and the engineers were alienated from Chadwick and the Board of Health. Throughout the later sections of the book, the forces which operated towards and against the enshrining of the sanitary ethos as the dominant public health strategy of the Victorian period are carefully set out, from the making of the Sanitary Report of 1842 through the Health of the Towns Commission to the Public Health Act and the demise of the General Board. Central to this account is the way in which Chadwick's sanitary idea changed over time, not only in its content, which was gradually reduced to the integrated sewage/water model, but also in its intention: from a diversionary tactic for the benefit of the Poor Law Board, to a political weapon for the diffusing of revolution and the stabilizing of society, to a model for urban improvement and capitalist enterprise, and finally to an engine of administrative growth. In Chadwick's hands, the idea of public health was no static ideal for improving the human condition, but a tool of opportunity and of survival. When theory at last was put into practise and proved impractical, Chadwick's career tumbled; but so effective had been his labours that the idea itself survived to dominate the public health programme for the rest of the century.

Beyond the central story, Hamlin's discussions of both the background and the sequels of Chadwick's work are arresting. The pre-history of medical debates over the causes of disease, with William Alison's emphasis on the cardinal significance of poverty and destitution, is a powerful representation of the alternative "public health" concept which Chadwick so signally defeated. When it comes to considering the practical impact of Chadwick's sanitary vision, Hamlin's interest in the history of science and technology enables him to see the problems it presented for the agents who were supposed to accommodate and implement the grand sanitary strategy. In its mature form, in the 1840s, Chadwick's ideal involved a complete system of combined sanitation—constant water supplies, house drainage, sewerage by pipe sewers, sewage treatment, profitable sewage recycling. The system was integral and inseparable—and innovative, cumbersome, expensive and threatening. It imposed new standards and new technologies (high pressure water systems, water carriage, sewage treatment plants) on local authorities who had often been quietly improving local environments in their own way for many years. They were appalled now to discover that—

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according to Chadwick—they had been wasting money, endangering life and health and betraying their ratepayers. In Chadwick's insistence on imposing his particular sanitary model on England's towns lies the key not only to the friction between the local authorities and the centre, but to Chadwick's own downfall.

Growing urban resistance to intervention from Chadwick's Board of Health was supported by the defection of the new engineering profession also from Chadwick's agenda. As Hamlin notes, the engineers "shared Chadwick's goal of well drained towns but had different ideas about design, expertise, and the social role of the engineer"(p. 305). In part these differences lay in approaches towards the construction of sewers, should they be large or small, sewers or pipes; in part they lay in competing ideas about professional integrity. For Chadwick, integrity lay in adopting a principle and sticking to it through hell and high water; to engineers like the young Thomas Hawksley, who had incomes to make and careers to build, it lay in building trust among a clientele: the engineer had to adapt himself to his clients' requirements, fears and financial resources to build a working relationship in which they trusted him to look after their interests: only so could client-base and a career be secured in the long-term. Hamlin is quietly sympathetic towards the engineers; obviously and refreshingly so towards the local administrative authorities whose characters Chadwick so successfully blackened to posterity.

It is no part of Hamlin's intention in writing this book to diminish Chadwick's historical stature, or to vilify his character and reputation. Indeed, as previously observed, Chadwick's character was clearly unsatisfactory enough for no one to suffer much disillusion at the revelation of further quirks. It is clear that Hamlin's intention here is to contextualize and to explain Chadwick's extraordinary career; he does not deny his subject's energy, his integrity of principle, his organizational abilities, his central importance in creating and forging the identity of modern public health. But he does incontrovertibly show that Chadwick succeeded in establishing his sanitary model not because his arguments were good, or his evidence persuasive, or his case for sanitation overwhelmingly perceived as a real solution to the problem of disease and the financial costs of disease upon the state. Chadwick succeeded because he fought dirty, because he misrepresented evidence, selected suggestive cases, suppressed views he did not share, juggled statistics and applied "science" or superstition as seemed most appropriate in arguing his case. The 1842 Sanitary Report was a political document intended to advance Chadwick's career and to ensure the Poor Law Commission's survival: "there was the barest pretence of a general induction, much less of a testing of alternate hypotheses" (p. 163). At bottom, this book is about authority, and how it is achieved; about how arguments are constructed and adapted, how they can be made to win a case independent of intrinsic merit, and how, in the end, their advocates can be undermined by the process of translating theory into practice even while the policies introduced as a result of the arguments survive.

Chadwick's agenda for sanitary reform defined the identity of "public health", and set the pattern for the urban response to social improvement for the rest of the century. A hundred and fifty years later the popular image of "public health" remains to a large extent that of drains, sewers and water supplies; other kinds of public health action—immunization programmes, sickness benefits, infant welfare—tend to be designated "preventive medicine" or "welfare". This fragmentation dates back to the choices Chadwick made, to his denial of destitution as a cause of disease, to his concern with the potential for revolution, to his Poor-Law focus on the *public* aspects of the health problem. Both Chadwick and his Sanitary Report investigators were principally interested in the health of working men. Women, children, babies, the aged—the politically disenfranchised, the economically marginal, the vulnerable, even the future human capital—were discounted, although they too would benefit from sanitary improvement, because they were the

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responsibility of the men. The exclusion of the particular problems of these social groups demonstrates the extent to which the driving motivations of Chadwick's reforms have been misinterpreted in the past: here was no generous or considered response to the social injustices of an urbanizing society, no adaption to changing conditions, only the narrow vision of reformers responding to one particular set of preoccupations. In this sense, Hamlin's work corrects not just the Chadwick legend, but also MacDonagh's essentially determinist view of early nineteenth-century government reform: that process was more an accidental than a unified elite response, involved a far greater range of very different motivations, and was as much a response to political change as it was to urban growth. *Public health and social justice* is a masterly analysis of the construction and creation of the classic history of nineteenth-century public health, as well as of the context of early nineteenth-century government which made that construction possible. It deserves to be widely influential, but the continuing strength of the legends of Florence Nightingale, Joseph Lister and Alexander Fleming still testify to the difficulty with which such revolutionary reassessments progress from academe to the classroom and thence into popular culture.

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