

that organization of medical services was, by itself insufficient to meet this problem. The food policy of the British government during the Second World War, as well as being economically and politically necessary, was also seen as a health policy based on the principles of need, access, and income, not on "hierarchical regionalism". Many of the medical investigations launched by the Medical Research Council and other medical organizations between the wars were based on studying the relationship that Fox claims had disappeared as a significant part of the medical psyche. Though Fox modifies his argument slightly in respect of the late 1930s, in fact it leads him into making some surprising statements such as "Because of this consensus, British debate about health policy in the 1930s was usually a struggle for territory rather than about priorities." (p. 56). A glance at the health debates in Hansard during this period would disabuse anyone of this view.

The principle of hierarchical regionalism may have been unduly neglected. It certainly is the case that one principle, "hierarchy", as defined by Fox, deserves closer historical attention. One of the best parts of his book is Fox's discussion of the emergence of market forces in American medicine in the 1950s with its accompanying fads and fashions. Nonetheless, it will not replace the significance of access and equality in the story of health care in both countries. Even from the point of view of consumers of health care — if not from the dispensers or administrators — when, where, who, for how long, and at what price remain the most important questions in the encounter between the population and the medical profession.

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OLIVE ANDERSON, *Suicide in Victorian and Edwardian England*, Oxford, Clarendon Press, 1987, 8vo, pp. viii, 475, illus., £40.00.

The history of suicide in England has been oddly neglected. Michael MacDonald is currently completing a major investigation of the incidence and interpretation of suicide in the pre-industrial period, and the literary and cultural stereotypes of self-slaughter in Georgian England — one facet of the "English malady" — have received some attention. But little work has hitherto been done on the nineteenth century, which is *prima facie* surprising, because it was then that suicide records became comprehensive and reliable.

Professor Anderson's magnificent study radically changes this situation, by examining nineteenth-century suicide from a multiplicity of different but complementary angles. She makes use of a wide range of sources, from coroners' inquests and official statistics to newspaper reports; she examines individual case histories as well as literary and moralistic clichés and medical diagnoses; and, not least, she is sensitive to regional variations and to changes — in suicide incidence and suicide culture — over time. Her monograph is a model instance of how a murky and often secret subject can be reliably analysed thanks to the sensitive integration of quantitative and qualitative evidence.

Professor Anderson argues, plausibly, that thanks to the heavy policing of Victorian society and the nature of the coroner's office, nineteenth-century suicide figures are accurate enough — not as guides to absolute numbers but as indices to relative incidence and changes over time. What then do these data show? Not surprisingly perhaps, they destroy the literary and moralistic stereotypes. For instance, the typical female suicide was emphatically not — despite all those ballads! — the starving seamstress or the seduced maid (she was more likely, in London at least, a drunken prostitute).

Moreover, historians may take a certain malicious pleasure that Victorian data and Professor Anderson's readings of them show Durkheim and the French school of suicidology were utterly and completely mistaken in their interpretation of what drove people to kill themselves in early industrial society. Durkheim and his school saw suicide in modern society consequent upon the *anomie* created by industrialization, urbanization, and competitive market individualism. But Professor Anderson demonstrates that the great industrial megalopolises were not the suicide centres; suicide incidence was far higher in many rural areas or in small backwater towns: it was safer to live in Salford or Sheffield than in Suffolk or Sussex, and skilled manual labourers or miners were most unlikely to kill themselves.

Book Reviews

The reasons are clear enough. Industrial centres were not, in reality, wastelands of *anomie* and alienation, but thriving communities in which close living, plentiful work, and high wages gave the new proletariat reasons for living, not dying. Increasingly, the most dramatically suicide-prone in Victorian England were old men — and male figures were notably higher than female — superannuated, and often ill, who could not face the prospect of the workhouse.

Yet overall, Professor Anderson advises caution. There was no single suicide profile. In Southwark, the suicide was likely to be a heavy-drinking artisan falling on bad times; in Westminster, a guardsman from Chelsea barracks; in Marylebone, a prostitute robbed by a client. In 1850, destitution proper played a large part. By 1900, “psychological” factors were perhaps becoming more important — feelings of relative failure in the work and emotional market-places. Self-destructiveness and public attitude towards suicide mutated in a complex symbiosis.

A brief review cannot even list the riches of this alert and expert analysis — there is, for example, a good discussion of prevention agencies such as the Salvation Army, and an admirable account of how shifts in domestic technology, from disinfectants to gas ovens, transformed the instruments of quietus. But brief mention must be made of Professor Anderson’s subtle grasp of the divided medical reaction to suicide. A small cadre of psychologists, especially towards the close of the century, identified suicide as a symptom of degeneration and regarded it with a certain fatalism. A larger corps of “sanitarians” believed that suicide was an environmental disease for which environmental remedies should be possible (including caging in the Monument). But most general practitioners, wedded neither to psychological medicine nor to old religious explanations, were inclined to treat the suicide and the attempted suicide with the same baffled awe as the public at large. It was all sad stuff, as this pioneering, absorbing, and learned volume so expertly shows.

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STANTON J. LINDEN, *William Cooper’s ‘A catalogue of chymicall books 1673–88’. A verified edition*, New York and London, Garland Publishing, 1987, 8vo, pp. liv, 159, \$37.00.

In presenting the reader with a “verified edition” of William Cooper’s *Catalogue of chymicall books* (1673–88), the author has two main objectives in mind. First and foremost, in producing a “modern, authoritative edition of an extensive list of scientific, medical and occult books”, Dr Linden hopes to provide fresh insights into the state of vernacular literature in these subjects in late-seventeenth-century England. And second (and one suspects of secondary importance), the author seeks to add to our understanding of science and medicine during this period via a brief biography of the publisher, William Cooper. Cooper, we are informed in the preface, exemplifies the scientific mood of his age. Not only does he uphold the scientific experimentalism of Boyle and the Royal Society whose published works he publicizes in the *Catalogue*, but of equal importance for Linden is the fact that Cooper is now best remembered as the publisher of hermetic mysteries including those of the anonymous adept, Eirenaeus Philalethes. Consequently, Cooper’s publishing and related activities are seen to reflect the diversity of contemporary interest in science and medicine, particularly amongst those members of the general public whose only access to such fields of knowledge was through vernacular texts and translations.

On the whole, the first objective is met by an efficient, concise, and easy-to-use alphabetical listing of medical, scientific, and related books, 428 in total, all of which are to be found in one of the three editions of Cooper’s *Catalogue*. Errors and omissions are thankfully few (though note that item 234 is commonly ascribed to I.W., S.T.C.: 24906, and items 55, 82, 95, and 212 should carry asterisks to indicate inclusion in the 1688 edition of the *Catalogue*), and the well-researched verification of editions is particularly illuminating with regard to previously unknown editions. Less impressive is the author’s introduction, which has little new to add to our knowledge of Cooper and which offers only a cursory analysis of the entries themselves.