

Essay Reviews

Bethlem Demystified?

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Jonathan Andrews, Asa Briggs, Roy Porter, Penny Tucker and Keir Waddington, *The history of Bethlem*, London and New York, Routledge, 1997, pp. xiv, 752, illus., £150.00 (0-415-01773-4).

Till now, the only comprehensive history of the most famous asylum in the English-speaking world has been a rare volume produced by the hospital's one-time chaplain E G O'Donoghue, *The story of Bethlehem Hospital from its foundation in 1247*, which was published in 1914.¹ To coincide with the institution's 750th anniversary, Routledge have produced another one-volume history, the product this time of the collective labours of two very famous social historians, Roy Porter and Asa Briggs, and three younger colleagues. Eighty years ago, the charity's governors purchased and distributed 2,000 copies of O'Donoghue's idiosyncratic romp through their institution's past. It is extremely doubtful that their present-day successors will follow suit, not because the professional historians' production is less hagiographic and flattering to their sensibilities—though at least intermittently it is—but rather on purely financial grounds. Astonishingly, and in an appalling demonstration of self-defeating rapaciousness, Routledge have elected to charge a stratospheric price for a plainly produced volume of some 750 pages, accompanied by less than three dozen black and white illustrations. At retail, one would be expected to pay the princely sum of £300,000 for a couple of thousand copies of their product! At this price, in a few years' time,

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even individual copies are likely to be as rare as hen's teeth. Can the book possibly be worth what it costs?

Without question, the best sections of *The history of Bethlem* are its first two parts, dealing respectively with the foundation of the hospital through the mid-seventeenth century, and with Bedlam in the seventeenth and eighteenth centuries. Each of these series of chapters presents fresh and original research, and had the whole book been of this quality, one would have unreservedly welcomed its appearance. Parts I and II have differing qualities and virtues, however, and let me briefly spell these out.

The discussion of developments between 1247 and 1633 is predominantly the work of Penny Tucker. Hitherto, the medieval and early modern period has been the most obscure part of Bethlem's history. Tucker's researches clear away many misconceptions and legends and replace them with as careful and well-grounded an account of the hospital's first four centuries as we are likely to have, given the inevitable deficiencies of the surviving records. Those deficiencies, it has to be said, are considerable, and properly acknowledged in the text. Tucker informs us that "We know nothing at all about the Hospital's role [in the treatment of the mad] before about 1400. The most one can say is that, *if* Bethlem was taking in the sick and dying before then, it *may* have looked after them in much the same way as other religious institutions did . . . The situation is hardly better after 1400. Almost no evidence about the treatment of the insane in the medieval Hospital exists." (Page 113, emphases in the

¹ London, Fisher Unwin, 1914.

original.) Consequently, on some of the key issues of greatest interest to historians of psychiatry, the book can offer no more than a series of informed guesses about what “seems” or “does not seem” to have occurred. As late as the sixteenth century, “even on the most generous assessment . . . very little evidence” exists of efforts to provide medical or spiritual therapy (p. 113), though the use of fetters and chains and solitary confinement appears to have been routine. In the words of Sir Thomas More, “betynge and correccyon” (p. 114) were an acceptable means of attempting to restore the raving mad to their wits, and though some rather feeble evidence to the contrary is proffered, Tucker concedes that the Hospital’s reputation for filth and neglect was probably well deserved.

If the nature of patient care before the era of the Glorious Revolution remains something of an intellectual Africa, despite painstaking efforts on Tucker’s part, other aspects of Bethlem’s history are recreated with much greater clarity and detail. The history of the charitable foundation itself, its shifting relationship to the Crown and to the City of London, the impact of politics and patronage, its relationship to the surrounding community, and the nature and sources of its income are all explored systematically and carefully. We are unlikely to have a better reconstruction of the historical foundations on which the new Bedlam designed by Robert Hooke in the 1670s was erected.

It is with Bethlem of the Augustan Age, the madhouse made familiar to most of us through Swift and Hogarth, that the second part of the book is devoted. Readers familiar with Jonathan Andrews’ unpublished doctoral thesis² will recognize the intellectual underpinnings of this portion of the text, and one can only welcome the appearance of his key findings and arguments in published form. By any measure, I believe this section is the

best and most important in the book. The surviving records on which the discussion is based are far richer than for the earlier period, and they are mined with skill and verve. Moreover (and surely one detects here Roy Porter’s facile pen) the prose in which the findings are presented is lively and engaging, in contrast to the ponderous quality of much of the rest of the writing. Rather than remaining a narrowly focused history of developments within the Hospital’s walls, there is a systematic and largely successful effort to place those developments within their larger social and cultural context. And there is a real attempt to exploit this impressive original research to engage with contemporary historiographic debates over the treatment of the mentally ill during the long eighteenth century. Whatever quibbles I offer below about some of the interpretations Andrews and Porter place on their findings (and here I must acknowledge that my own earlier and sometimes incautious and injudicious statements about developments in this period are a frequent target for criticism),³ they do not detract in the least from my admiration for what has been accomplished here in clearing away the mythologies and the misconceptions that have so firmly attached themselves to “Bedlam”.

There is, for example, an extremely valuable and nuanced discussion of the politics of committal, examining how and why those the Privy Council in 1672 still called Bedlam’s “prisoners” came to find themselves in the madhouse. Though the poorer classes constituted the “vast majority” of those confined, there were nonetheless considerable gradations of wealth and status among the inmates, with (*pace* Allderidge)⁴ both the middling sort and the gentlemanly class well represented. Given the “diagnostic difficulties inherent in defining the mentally ill”, it is perhaps not surprising that there was

² J Andrews, ‘Bedlam revisited: a history of Bethlem Hospital c. 1634–c. 1770’, PhD thesis, University of London, 1991.

³ In particular, portions of Andrew Scull, *Museums of madness*, London, Allen Lane, 1979; and *idem*,

‘The domestication of madness’, *Med. Hist.*, 1983, 27: 233–48.

⁴ Patricia Allderidge, ‘Bedlam: fact or fantasy?’, in W F Bynum, R Porter, and M Shepherd (eds), *The anatomy of madness*, London, Tavistock, 1985, vol. 2,

“considerable blurring of the boundaries between the bad and the mad” (p. 327). The “bothersome and threatening”, those who constituted a “nuisance and burden” or a physical or symbolic threat to social order, were swept up through what was “in essence street cleaning”—with the hospital serving as a receptacle “to lock away society’s pests” (pp. 334, 335, 341). More controversially, the authors document the use of Bethlem “for political quarantine or the muzzling of madness”, claiming that “a significant number of individuals were incarcerated as lunatics first and foremost by reason of the political threat they were deemed to pose” (pp. 355, 359).

Recent work on nineteenth-century “museums of madness” has focused attention on the “bringing back” as well as “casting out” of their patients,⁵ and such concerns also find an echo here. As Andrews and Porter rightly remind us, even after the addition of “incurable wards” in the late 1720s, Bedlam proclaimed that its mission was a curative one, and many of its inmates were discharged at the end of twelve months of confinement or less. Many were labelled as “cured”, and “taken at face value the outcomes of admissions contradict the negative impression of Bethlem’s record held by some historians” (p. 338). But only if we take the authorities’ claims at face value. As the authors carefully demonstrate, parish records tell a very different and much grimmer story: “The majority of . . . patients . . . probably failed to leave the Hospital in a condition able to resume their ordinary lives and livelihoods. Indeed, only a minority may have been committed primarily for their ‘cure’” (p. 339).

The message of these two chapters may, in fact, be generalized to the book’s whole discussion of the eighteenth century. A close attention to a multitude of archival materials serves in many ways to complicate and enrich

our conceptions of Augustan Bedlam, and along the way allows Andrews and Porter to score points against those who have too glibly equated literary portraits with literal truth. But granting the value of these correctives, one must ask whether the greater clarity and nuance amount to a radical rejection of the conclusions drawn by earlier generations of scholars. Here I am not so sure that Andrews and Porter’s work amounts to a “great transformation” of historical understanding.

A lengthy chapter on medicine and therapeutics seems designed to rescue Bethlem’s medical officers from charges that they were “negligent absentees”, hidebound conservatives wedded “to traditional depleting and antiphlogistic remedies” who were prone to resort to force and coercion and given to speculation and the exploitation of their position for personal gain (p. 260). Despite some passages that verge upon apologetics and stretch evidence to its limits, however, the case is not made out. To be sure, Andrews and Porter can show that “there was somewhat more to Bethlem than a ‘scene of stagnation and unassailed tradition’” (p. 278). They can demonstrate the falsity of careless comments “that [Bethlem] did not even claim to cure its inmates” (p. 270). And they can explain more fully what lay behind the only intermittent involvement of the Monros with the institution they nominally oversaw. Yet the fundamental realities remain: “the attendance of Bethlem’s medical officers was at best casual and at worst inadequate”; and “the surviving testimonies of their patients” essentially “indict the medical officers of Bethlem as aloof and uninterested, and . . . condemn their therapeutics as routine and coercive to the point of cruelty” (pp. 278–9).

In parallel fashion, one notes that the chapter on “inferior officers and servants” opens with the suggestion that “historians” have given the

⁵ John Walton, ‘Casting out and bringing back in Victorian England: pauper lunatics, 1840–70’, in Bynum, Porter, and Shepherd (eds), *op. cit.*, note 4 above, pp. 132–46. See, for example, David Wright, ‘Getting out of the asylum: understanding the confinement of the insane in the nineteenth century’,

Soc. Hist. Med., 1997, **10**: 37–55, and Richard Adair, Joseph Melling and Bill Forsythe, ‘Migration, family structure and pauper lunacy in Victorian England: admissions to the Devon County Pauper Lunatic Asylum, 1845–1900’, *Continuity and Change*, 1997, **12**: 373–401.

Bethlem staff an undeservedly “bad press”, and that “interactions between staff and patients were rather more complex than [their] paradigm of neglect and abuse would suggest” (p. 288). Well, the world is, of course, always more complicated than our generalizations about it, but in this instance, it turns out, not much. One can accept the useful corrective that “there is barely a scrap of evidence, beyond literary testimony, that whips were employed at the Hospital” (p. 301). But the larger claim that beating and abuse of the insane “were far less widespread or orthodox at early modern Bethlem than some historians have assumed” (ibid.) really does not hold much water—and it is a tribute to Andrews’ and Porter’s intellectual honesty that they record the very evidence that undermines their own assertions on this point.

The minutes of their meetings and their public proclamations show, for example, that the Bethlem Governors may have come to believe, somewhat earlier than was previously thought, that punishment of the insane was counterproductive. Andrews and Porter demonstrate that they repeatedly ordained in their rules that “none of the Officers or Servants shall at any time beate or abuse any of the Lunatickes” (p. 301). But, as the authors acknowledge, there is abundant evidence that these injunctions were disobeyed in practice: “Outsiders patently believed that flogging was normal at Bethlem . . . [and] surviving testimonies of patients themselves . . . suggest that a rhetorical veil covers a welter of sins” (p. 302)—callousness, torments both mental and physical, bullying, and sexual abuse. In similar fashion, the authors protest against the claim that “Bethlem had a peculiar pre-eminence as a site of cruelty towards the mad”. Almost at once, however, they begin to undermine their own case by acknowledging “the standard nature of such treatment in early modern institutions” (p. 303). Weakening their revisionist argument still further, they then proceed to provide a welter of evidence about embezzlement, extortion and drunkenness among the keepers, and then acknowledge that it is “inescapable that, as [the Bedlam inmate Urbane] Metcalf put it at the beginning of the

nineteenth century, while the standing or ‘printed rules’ of the Hospital were ‘good’ in ‘principle’, they were ‘departed from’ in practice by the staff” (p. 306). The earlier generation of historians Andrews and Porter are so eager to criticize are likely to feel substantially vindicated by the time they reach the chapter’s closing lines: “Ultimately, the overwhelmingly negative assessments of contemporary visitors to the Hospital are difficult to dispute. Again and again visitors castigated staff brutality, and there is little evidence to contradict the general impression that it was ‘terrific’ discipline rather than considerate care which epitomized treatment of patients by staff at Bethlem” (p. 306). Amen to that.

I turn now to the two final sections of the book, each in its way a disappointment, one profoundly so. Part IV, on what for a few more months we can call our own century, begins unpromisingly with the trite assertion that “No society can stand still over time, but in some periods change was more rapid than others” (p. 535). The twentieth century has arguably been one of massive transformations in psychiatry, and (partially as a result) for Bethlem as an institution. For the latter, the most obvious changes have included a move from the centre of London to its periphery; the advent of the National Health Service; the amalgamation with (or perhaps more accurately, the absorption by) the Maudsley Hospital; and the twin impacts of the shift away from institutional treatment and the psychopharmacological revolution. With the twentieth century a vastly under-explored territory among historians of psychiatry, the potential for making genuine contributions to historiography is plain. It is the more unfortunate, then, that on this occasion it is for the most part equally plainly missed.

In a peculiar fashion, the eight chapters in this section read like nothing so much as an old-fashioned internal history of the amateurish sort that hospitals have long commissioned to mark the passage of a century or two. By turns antiquarian and fawning, such histories

typically rely heavily on internal administrative records to construct an account of little or no interest to an audience beyond those with a biographical connection to their institution. Context is slighted; critical distance is notable by its absence; and any sense of the larger significance of the events under discussion is essentially accidental. All of these flaws are prominently on exhibition here, and cumulatively, they make for some drearily dull reading. Readers interested in the names of the wards at the new facilities at Monk's Orchard will have their curiosity slaked. Collectors of Royal trivia will obtain vital new information: that Queen Mary, having become the Hospital's President, was given a particular trinket she desired (an ivory opium vase), rather than a key to the Hospital; that the red carpet laid for her visit was six feet too short; and that she sought to have Bethlem named after her. (The satirically inclined may lament the Governors' reluctance to award the House of Windsor an asylum of their own—an honour they have since richly earned.) Relatives of now-deceased higher administrators of the Hospital will doubtless be delighted by the extensive hymns to the humanitarian virtues of their ancestors, with obituaries unblushingly quoted as balanced assessments of their character and accomplishments. And connoisseurs of spreadsheets will revel in the minutiae of the Hospital's books and accounts, as presented in a lengthy chapter on Bethlem's finances. Only the rest of us will feel a trifle disappointed.

Reading between the lines is only likely to heighten one's frustration at missed opportunities. There is, for example, just enough information about the joining of the Bethlem and Maudsley to whet one's appetite—glimpses of the Machiavellian and cynically malevolent machinations of Aubrey Lewis, as he arranged to swallow Bethlem's assets to assist in the construction of his empire at the Institute of Psychiatry; unmercifully exploited the Governors' determination to keep Bethlem alive to suit his own purposes; and, in the words of the Beast of Belmont, William Sargant, ultimately reduced "the most ancient

and famous mental hospital in the world . . . [to] an appendage of the Maudsley" (p. 583). Potentially fascinating stuff, and quite vital to understanding how the very name of Bethlem came to be lost in 1991, when indeed the ancient hospital became officially known as the Maudsley—but all presented in fragmented and truncated fashion by someone with little evident grasp of the personalities or larger issues at stake.

Yet the deficiencies of Part IV pale in comparison to those of the immediately preceding section on the nineteenth century. This portion of the text is, one presumes, Asa Briggs' "contribution". It is not, I regret to say, an ornament to either his career or his reputation.

Where to begin? The era from the Regency through the Victorian age has been the most heavily studied of all among the new generation of psychiatric historians, and Bethlem occupies a prominent place in any history of that period. Yet we are here presented with an impoverished and hastily thrown-together pastiche of ill-digested bits and pieces, bereft of any value as original scholarship—and incompetent and unreliable to boot.

The writing here is singularly poor—clumsy, repetitive, and riddled with stylistic infelicities and elementary errors of grammar, punctuation, and syntax. Even within the confines of a single paragraph, the text lurches from topic to topic, without any sense of coherence or logic. On a technical level, I have rarely encountered a more slipshod performance, a piece of published prose which displays such a conspicuous and contemptuous disregard for the legitimate expectations of one's audience.

More regrettably still, the defects of style are if anything exceeded by this section's substantive deficiencies, and this in a volume that purports to provide the definitive history of its subject. The contrast with Parts I and II of the book could not be more stark. Where the earlier sections rest upon diligent, careful and imaginative research into a wide variety of sources, the nineteenth-century chapters are

based almost exclusively upon a remarkably restricted array of printed materials, carelessly rendered into a defective narrative by someone with little evident understanding of his subject matter.

There are the factual errors, which would be comical if some of them were not so serious. The York Retreat, for example, is confused with the York Asylum (p. 417)—an error that would shame a schoolchild. We are informed that “At Lancaster [Asylum] in the 1840s ‘physical restraint was in general use’” (p. 453). In reality, Samuel Gaskell, who assumed office in 1840, was one of John Conolly’s most devoted disciples, and Lancaster immediately adopted the new gospel of non-restraint. A claim is made that “further Parliamentary investigations [in the 1830s and 1840s] pointed to widespread . . . irregularities and defects in county asylums” (p. 465). No substantial evidence exists to support such an assertion, and Briggs’ attempt to manufacture some only reveals the depths of his ignorance: his footnote refers us to the report of the Select Committee of the House of Commons on the Hereford Lunatic Asylum (p. 481). Lord Briggs has obviously not read the document in question, or he would have realized that his assumption that Hereford was a “county asylum” is simply wrong. In reality, its name notwithstanding, shortly after its foundation as a public subscription asylum, the Hereford Asylum had been transformed into a private licensed madhouse.⁶ Thus, *pace* Briggs, whatever defects were uncovered there in the course of the 1839 inquiry had no bearing upon conditions in contemporary county asylums.

Briggs likewise succeeds in confusing the sixth and seventh Earls of Shaftesbury. It was not, as he would have us believe, “the philanthropist and lunacy reformer Lord Ashley” [the seventh Earl] (p. 445) who served as President of the Society for Improving the Conditions of the Insane, but his father. The mistake is anything but trivial for someone

concerned to understand the politics of Bethlem in the 1840s and 1850s. For the Society (which was founded—though Briggs appears not to realize this—by one of Bethlem’s two visiting physicians, Sir Alexander Morison) was the intellectual centre of the resistance to the fashionable nostrums of Ashley and the lunacy reformers. Its members, for example, continued to insist on the importance and therapeutic value of mechanical restraint in the treatment of the insane even when its total abolition had become the shibboleth of reform.⁷ As if this were not enough to ensure Bethlem’s continued identification with the *ancien régime*, Shaftesbury *père* also served as one of the hospital’s governors and, as a member of the House of Lords, resolutely used his influence to block Ashley’s lunacy legislation. When one adds to the mix the mutual hatred that had long characterized the relationship between father and son, the sources of Bethlem’s renewed trials and tribulations at mid-century are finally clear: hence the Lunacy Commissioners’ descent on the hospital in 1851, less than a month after the sixth Earl’s death; hence, too, the *ex parte* nature of their inquiry, and their determination to secure the dismissal of the two physicians, Morison and Monro, and to bring the hospital to heel. For by making Bethlem seem once more the very embodiment of reaction in matters psychiatric, Ashley (as the Commission’s chairman) could simultaneously heap odium on his father’s memory and advance his favourite cause.

By any measure, these and other sins of commission on Briggs’s part are lamentable. Perhaps still more deplorable, however, are the section’s omissions and analytic deficiencies. Though one would never guess it from this text, the surviving manuscript and even visual materials for nineteenth-century Bethlem are rich and varied. Talented young historians like Akihito Suzuki have begun to mine these archives to refine our understanding of central

⁶ For details, see William LI Parry-Jones, *The trade in lunacy*, London, Routledge, 1972, pp. 63–4, 274–5.

⁷ See Andrew Scull, Charlotte MacKenzie, and Nicholas Hervey, *Masters of Bedlam: the transformation of the mad-doctoring trade*, Princeton University Press, 1996, pp. 153–5.

issues in the history of madness.⁸ Bethlem played a critical role in the history of criminal insanity in the nineteenth century, serving as a repository, for example, for such famous figures as Daniel McNaughten and Richard Dadd. Its medical staff included such figures as Haslam, Morison, and Savage, all of whom were extremely colourful personalities, and played vital roles in the emergence of an ever more self-conscious and organized profession of psychiatry. As an institution neither plagued by the overcrowding of the pauper lunatic museums of madness nor stigmatized, as were the private madhouses, by the pursuit of profit, Bethlem carved out a distinct niche for itself as the nineteenth century proceeded, catering for the most part to a particular social stratum. On all these fronts and more one looks for informed and illuminating discussions, and one looks in vain.

Instead, we are fed a thin gruel indeed—composed in equal parts of ill-digested fragments from the existing secondary literature, and unexamined bits and pieces drawn from the hospital's published annual reports and the reports of the Commissioners in Lunacy, seasoned with occasional quotations from the contemporary medical literature and token forays into the Governors' minutes. Unblushingly, Briggs proclaims that the physicians' "annual reports, changing from time to time in format, provide the best introduction to Bethlem as a Victorian institution" (p. 516). But surely in a definitive history one expects more than an uncritical précis of such in-house materials, some systematic attempt to compare and contrast these propagandistic documents with the mundane reality of the institution itself, some degree of scepticism and intellectual curiosity. And once more, one expects in vain. The upshot is a history of nineteenth-century Bedlam that reads like nothing so much as a more narrowly focused version of the sort of history Kathleen Jones was producing some

two generations ago—right down to a closing peroration that assures us that throughout the century "improvement continued" (p. 528), as England's most famous madhouse marched ever onward and upward.

The history of Bethlem is the proverbial camel produced by a committee. Its handsome and useful features are obscured by its awkward and unattractive ones—worse yet, they are rendered unaffordable by those ugly excrescences. Symbolically, the book's failure to add up to a coherent and balanced history of the institution is made manifest in its concluding "chapter"—no more than a page and a half of platitudes that end—appropriately enough—on an ugly note, with a clumsy paraphrase of Marx's well-known aphorism about men making their own history, but not under the conditions of their own choosing—or as the authors would have it, "making". The story of Bethlem is an inherently fascinating one. Too bad, to extend the Marxian paraphrase, that portions of what purports to be the definitive telling of the tale succeed instead in transforming the narrative into an insupportable burden, one that weighs like a nightmare on the brain of the reader.

What can be said, then, of the issue I raised at the outset: do the contents of *The history of Bethlem* begin to justify its cost? Sadly, I think the verdict here must be a largely negative one. Despite the hospital's colourful history and the resonance of the associations conjured up by the word "Bedlam" in the popular consciousness, it is extremely unlikely that this book would have found a broad audience among the book-buying public, even if properly priced. It is, notwithstanding the participation of Roy Porter—one of the most engaging prose stylists on the contemporary historical scene—in many places a very dull book, anything but a treat to read even for one with a professional interest in the subject matter. Whole sections of the narrative are

madness: insanity, institutions and society in the U.K. and her colonies c. 1800–1914, London, Routledge, 1999, in press.

⁸ Akihito Suzuki, 'Framing psychiatric subjectivity: doctor, patient, and record-keeping at Bethlem in the nineteenth century', in J Melling, W Forsythe, and R Adair (eds), *Accommodating*

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

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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