

well-established precedent of local control with permissive rather than directive central legislation that pertained in 1919. In other places, attempt at historical analysis has been abandoned entirely, as in the statement that “Newman appeared to burn out” (p. 27), the only explanation offered for what is seen as a reprehensible failure on his part to effect change. Strong personal bias is evident in the treatment of various CMOs: for example, the description of George Godber verges on hagiography while George Newman is clearly held in contempt. Such judgements, unsupported by close and balanced analysis, beg many questions while answering none.

It would seem unreasonable to expect the first major study, as the back cover blurb informs us this work is, of the office of the CMO also to be the last word on the subject. Notwithstanding this, *The nation's doctor* will greatly disappoint historians with its shallow evaluations and presentist bias.

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G Barry Carruthers and Lesley A Carruthers, *A history of Britain's hospitals and the background to the medical, nursing and allied professions*, Lewes, Book Guild Publishing, 2005, pp. x, 430, illus., £18.50 (hardback 978-1-857769-05-0).

In 1990, Lindsay Granshaw expressed optimism about the future of hospital histories. Over the preceding decade, studies that examined the hospital in its medical, social and economic context were beginning to challenge old-style institutional histories in which great men and women, new buildings, nursing reforms, and medical schools dominated. The 1990s saw an acceleration of this trend with the publication of a number of revisionist comparative histories and individual studies that firmly rejected traditional hagiographic accounts. Unfortunately, the Carruthers' book, *A history of Britain's*

hospitals, does not belong in this mould. Although they share some of the revisionists' interests in hospital management and funding, their history of English hospitals from the Romans through to New Labour belongs firmly to a now largely outdated approach to hospital history.

A history of Britain's hospitals is an unappetizing and predictable narrative that follows a loosely thematic framework. Although chapters are devoted to medical education and the origins of the “modern” nurse, for the most part the Carruthers present a series of hospital biographies broadly constructed around hospital type—general, specialist, maternity, paediatric, municipal, mental, and cottage hospital. These sequentially describe the history of individual institutions from their foundation to the first decade of the NHS. The social, economic and medical context is frequently absent and the emphasis is firmly on founders, new buildings, nursing arrangements, and medical schools. Description and contemporary comparisons are favoured over analysis. Patients and medical treatments are largely absent in an account that is often partisan.

Although the acknowledgements imply lengthy study in numerous metropolitan archives, the absence of references makes it hard to disentangle where the Carruthers have bought wholesale into the traditional Whiggish perspective found in the older secondary literature and where they have employed their archival research. There are glaring gaps in the bibliography: key revisionist institutional studies and comparative texts, such as Borsay on Bath, Marland on Wakefield and Huddersfield, or Pickstone on Manchester, appear not to have been consulted. Instead, the Carruthers rely on outdated syntheses and old-style institutional histories for their narrative. Most of the book hence concentrates on the eighteenth and nineteenth centuries, the heyday of the voluntary hospital movement, and contains an implicit lament for the end of the charitable status of these institutions under the NHS. The medieval and early modern periods are largely neglected and deemed a

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time when little happened. Even the NHS receives relatively little attention. Whole regions are ignored. For *A history of Britain's hospitals*, the Carruthers' account is biased towards London. If an emphasis on metropolitan institutions is hardly unusual in hospital histories, the Carruthers largely overlook the existence of hospitals in Scotland or Wales. The institutions that are covered and the medicine and nursing care they offered are frequently treated anachronistically. Certain myths are reinforced: for example, Bedlam remains brutal; quacks are ignorant; surgery heroic until Lister's uncontested introduction of antiseptics; and the Crimean War and Florence Nightingale the main reasons for nursing reform.

This is not to say that the Carruthers' history is not without some merit. Their research in

various London archives has resulted in the unearthing of some additional information not found in existing institutional histories. Their thematic approach also highlights the variety of institutions and the different institutional stories that shaped hospital provision. Overall, however, the Carruthers have studiously managed to neglect developments in hospital history over the last thirty years. Rather than producing a much needed new synthesis of current research, they have ended up writing an administrative account in which new buildings, medical advances, nursing reforms, and medical education dominate.

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