

MOH and other “middle-class” sources rather predominate over the working-class oral testimony. But this was when important demographic change occurred and also when so many important intrusive initiatives were launched, such as the machinery of disease notification and disinfection. However, it is an implication of Beier’s overall, Whiggish thesis that this period was not so interesting or significant. She argues that “the interwar years may be viewed as a watershed for the transformation of working-class health culture” (p. 144) paving the way for the popularity of the NHS. According to Beier this was because during the interwar decades, “The media educated working-class perceptions . . . It built a market for health care services . . . that required only the establishment of the NHS to explode” (p. 346).

Given the trends in recent inter-war historiography on leisure, media, gender and consumerism, to which Beier’s text is an excellent, well-informed guide, this thesis is unlikely to be much criticized. However, as a conclusion it means that this book, and its interrogation of the oral sources, has still not found a way of substantially adding new insights to our understanding of how the working classes participated in the dramatic changes which their health, their reproductive habits, and eventually even the survival of their infants, all experienced between 1870 and 1914. This whole period is still, according to Beier, one in which “traditional” values and practices continued, a prelude before the trans-war era of change, which she sees as crucial. Yet the nineteenth century witnessed extraordinary changes for the British working-classes and their ways of life and diverse reactions to this in different industrial communities such as those of Preston, Barrow and Lancaster, as Nadja Durbach’s recent study of vaccination resistance has indicated.

We already know a lot about the expanding but locally differentiated activities in the period from the 1870s onwards by MOHs and their growing staffs of sanitary inspectors and health visitors, which Beier’s research

confirms for these three towns. However, Beier has afforded us only tantalizing glimpses of the reciprocal working-class experience and perceptions of all this activity during these decades—by comparison with her rather fuller presentation of such evidence for the post-1910 period. For instance, a Mr Gordon, born in 1879 in Lancaster, recalled moving aged twenty-eight, when he was a skilled joiner, to a house with its own bathroom but no indoor toilet. He is cited as saying, “they started to build [houses with] bathrooms, but it was a long while before they’d toilets in the house. People thought they were insanitary” (p. 41). This is fascinating testimony. Contrary to the notion of an unchanging “traditional” fatalism before the arrival of the inter-war mass media health message, this is first-hand evidence of a general sensitivity in the Lancaster working class around 1905 to highly developed notions of the desirability of domestic salubrity; but a sensitivity which precisely distinguished between the value of an indoor bathroom while rejecting indoor toilets as prejudicial to health. This would not have been the case in Barrow, unusually a planned town of housing built with flush toilets. What lay behind the Lancaster sensitivities? Did the MOH or other middle-class observers in Lancaster at this time understand or agree? Unfortunately Beier does not comment on Mr Gordon’s testimony. What else, like this, might we be able to learn from this unique collection of working-class people’s testimony about their own positive health culture and how it responded to changing local options and influences during the crucial period, 1870–1914? We still have much to learn and research.

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**Yuriko Akiyama,** *Feeding the nation, nutrition and health in Britain before World War One*, London and New York, Tauris Academic Studies, 2008, pp. x, 293, £52.50 (hardback 978-1-84511-682-8).

This book provides accounts of the history of cookery in schools, nursing, and the armed services in the late nineteenth and early twentieth centuries; the National Training School for Cookery in Kensington, founded in 1874, being involved in all these areas. One of the School's aims was to offer teacher training courses in order to support the expansion of cookery in elementary education, which was encouraged by health societies and the Society of Arts. After 1882, when grants were awarded for elementary school cookery, facilities were improved. In London, for example, by 1884 there were thirty cookery centres. Training schools were also soon established in Liverpool and Edinburgh, and by 1897 there were twenty-seven. Because of the low salaries and expense of training, cookery teaching was a profession for middle-class women.

Pioneers of cookery education included Fanny Calder of the Liverpool school, who considered that cooking could enhance the wealth, health and strength of the nation, and Margaret Pillow, the first woman to hold a London Sanitary Institute diploma. With Arthur Newsholme, Board of Education Medical Inspector, Pillow published an important textbook on domestic economy. But the early twentieth-century fears of "physical deterioration", which stimulated school feeding schemes and medical inspections of schoolchildren, did little to enhance the role of school cooking teaching, despite experiments in which teachers and pupils were responsible for preparing school meals.

Florence Nightingale favoured including sickroom cookery in nurse training, but opportunities were limited in hospitals with central catering departments. Nevertheless, her friend, Eva Lückes, matron of the London Hospital, introduced sickroom cookery instruction for probationer nurses from 1895, while in Edinburgh the cookery school taught medical students as well as nurses. Nightingale thought cookery essential for the health missionary role of district nursing, and Akiyama shows that nurses working for

charitable home nursing schemes did frequently cook for patients, as did private nurses. She mentions diet tables set by hospital managements, and the advocacy of dietetics by doctors, especially the London Hospital physician Robert Hutchison, but argues that only nurses were able to influence patients' dietary habits.

Reforms following the Crimean War feature in the story of military cookery. Edmund Parkes, professor of hygiene at the army medical school, took a strong interest in food and cookery, and the War Office published *Instructions to military hospital cooks* in 1860. Cooking and food advice became part of health and hygiene instruction conveyed to soldiers, the purpose of which was partly to prevent enteric fever. In the navy, cooking became a recognized role after the establishment of the cookery school at Portsmouth in 1873. New appliances, such as a steamer capable of feeding 120 men, manufactured from 1868, also stimulated training. And cookery formed part of the regime of training ships such as the *Exmouth*, which trained pauper boys, many of whom became cooks. In 1884, both the army and navy began to train staff in sickroom cookery, the National Training School undertaking the instruction.

This book is based on a PhD thesis which employed numerous previously unexploited personal and institutional archives. For this reason it is an essential read for anyone researching this area. But readers anticipating detailed analyses of policy formation and implementation, including, for example, the roles of scientific knowledge, will be disappointed. This is strictly narrative history, sometimes of the not-always-easy-to-follow kind. Sub-headings are eschewed until chapter six, after which they do not well reflect the material underneath. The story is sometimes convoluted and repetitive, and the author could have made better use of the sources: there are hardly any quotations, and little use of statistics. Nevertheless, Tauris have performed a valuable service in making this work readily available. Incidentally, the "look

inside” function is available on Amazon, where prices are also considerably lower than the one above.

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**Helen M Sweet with Rona Dougall,**  
*Community nursing and primary healthcare in twentieth-century Britain*, New York and London, Routledge, 2008, pp. xvi, 266, illus., £60.00, \$95.00 (hardback 978-0-415-95634-5).

In their task of bringing community nursing out from the shadow of its hospital counterpart Helen Sweet and Rona Dougall face a similar problem to that encountered by historians of nursing in institutions. This is the impossibility of pinpointing who and what constitutes the nursing activity within community health care. As in the hospital setting where care assistants, learners, enrolled and registered nurses engage in patient care and all are referred to as “nurse”, community care provides a bewildering array of practitioners including the village midwife, the District Nurse, the Triple Duty Nurse, and the Queen’s Nurse. Compounding this confusion, before the advent of the National Health Service (NHS) era they were all organized and funded in a variety of ways that makes the municipal and voluntary divide of hospital provision appear positively simplistic. Another layer of complexity is added with the diverging perspectives on the myth and reality of their work espoused by successive generations of community nurses. Underpinning the narrative is the thorny issue of professional formation.

Like many other exponents of the history of nursing, Sweet and Dougall have to disentangle these threads and provide not only a narrative of community care that answers the questions of academic historians but also one that addresses the concerns of current practitioners. They attempt to do this by using a prosopographical and interdisciplinary approach to the history of district nursing combining it with social, gender and political

history. Their research approach is reflected in the comprehensive range of sources, primary and secondary, documentary, oral and visual, that they have interrogated to give a chronological and geographical picture of community healthcare in the first eight decades of the twentieth century. On the whole, their mission is successfully executed.

To clear the muddy waters of the topic, the book is divided into two parts—the first chronological and the second thematic. In the first, the book is divided into four sections covering 1850–1979 albeit with a concentration on the twentieth century. In these sections Sweet and Dougall give a clear exposition of the development of community health services. The chronological section also provides the contextual lens through which to view some of the issues raised in the course of their research. Thus the professionalization of the community care workforce and the growth of the influence of the Queen’s Institute for District Nursing is positioned against the background of the movement for State Registration of nurses. In the welfare patchwork of the interwar years the reader is shown how the organization of district nursing changed from a service organized by “lady superintendents” to one managed by senior practitioners, although some services were still monitored locally by the great and good of the neighbourhood. In the third section, 1939–48, the work of district nurses is discussed in relation to the social upheavals occasioned by the exigencies of the Second World War. Finally the work of community nurses under the provisions of the NHS are discussed, not least the effects of changing management of care during its first thirty years, particularly the change from geographical allocation of case load to GP surgery attachment.

In the second part of the book questions arising from the research are subject to further investigation. These include geographical variations in patients nursed, the impact of technology, the image of the community nurse and the inescapable topic of professionalization. In contrast to the smooth flow of the first half, this part of the book has more of the