A tapestry of time warps

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An important early lesson in science is that a thermometer, whether inserted into a liquid or a human being, registers only its own temperature. Similarly, the reader of a book on social history such as *Medicine and Industrial Society*, with its explanatory subtitle "A History of Hospital Development in Manchester and its Region, 1752-1946," should remember that the story is being unfolded and interpreted by one man. John Pickstone, a historian specialising in the history of science and technology at the University of Manchester Institute of Science and Technology, shows his viewpoint in the first chapter.

Most of us learn of the pioneering work of Pringle and Blane in the development of public health and, in a wider sphere, the reforming work of John Howard, but John Pickstone sees them in a

while in the background, but no less powerfully, the medical profession was at work, with its perpetual twin interests in improving both medical services and its own position. We catch glimpses, too, of Georgian anatomy classes developing into a Victorian medical school that becomes associated with the voluntary system but retains sufficient independence and integrity to make for itself a key position in the new Valhalla at the foundation of the National Health Service. There the book stops. Almost like in a classical stage play the struggle between voluntarism, local democracy, the state, and the medical profession is resolved by a *deus ex machina* in the person of Aneurin Bevan (if the *British Medical Journal*, 40 years on, will allow that sobriquet).

The narrative is by a professional historian for professional historians, so the ordinary reader misses pictures of persons and places—even the historians might be helped by more maps. But we must not carp; the book is meticulously researched and clearly written and I found the introductory paragraphs to each chapter, in which the scene is set and the purpose of the chapter outlined, most useful. We are reading much more than a collection of histories of assorted hospitals. Rather, we are shown a tapestry in which such histories are woven into the political, social, and economic warps of changing and developing times. The voluntary hospitals develop from the patronage of subscribers, through financing by sick clubs and friendly societies, through nurses out collecting in the streets on flag days, and on to Beveridge and the concept of a health service financed by the state. A comparable story is told about workhouses and later the municipal hospitals. In among all this are

people, institutions, and professions, some of whom recognise, and some of whom fail to recognise, the changes taking place around them. I was reminded of a line in which an exasperated aide exclaims to "Citizen Kane" that the working man now expects something as his right rather than as your gift.

This is a fascinating account, but is it just an interesting story? What do we learn from it? How health administrators have viewed doctors, where protagonists have remained too inflexible, where their politicking perhaps lacked sufficient subtlety? Or do we adopt the fatalism of Tolstoy:

When the apple is ripe and falls—why does it fall? Is it because it is drawn by gravitation to the earth, because its stalk is withered, because it is dried by the sun, because it grows heavier, because the wind shakes it, or because the boy standing under the tree wants to eat it?

Not one of those is the cause. All that simply makes up the conjunction of conditions under which every living, organic, elemental event takes place. And the botanist who says that the apple has fallen because the cells are decomposing, and so on, will be just as right as the boy standing under the tree who says the apple has fallen because he wanted to eat it and prayed for it to fall.

Medicine and Industrial Society. A History of Hospital Development in Manchester and its Region 1752-1946. J V Pickstone. (Pp 384; £35.) Manchester: Manchester University Press, 1985. ISBN 0-7190-1809-9.

Manchester Royal Infirmary, c 1850.

revealingly different light; to him they were forcibly extending the patterns of living, by then accepted as normal in the middle class, on to "managed populations" and the working class:

The polite concern with cleanliness that had gained force during the middle decades of the eighteenth century did not leave the working classes uninspected. It was in the army and navy that cleanliness and regimen were first forced upon the lower orders; medical men such as Pringle and Blane played a key role and were regarded as pioneers by later physicians. Other managed populations, notably in prisons, were subjected to the same attentions, and in John Howard's work on Lazarettoes this concern extended to civilian hospitals. In all these cases typhus, the fever of camps and gaols, was the major medical target; but the movement was much more than a campaign against specific disease, it was a more or less forcible extension of patterns of behaviour already accepted by the middle classes, especially the Scottish and dissenting groups from which so many of the physicians came.

The story starts in the Manchester of 1748, with a population of only 15 000, where the only public institutions were two churches, two chapels, two schools, a home for orphan boys, and a poorhouse. We are taken through the development of voluntary hospitals in Manchester and the region, the appearance, in the 1830s, of the "new" Poor Law and its disappearance 100 years later when the municipalities took over its hospitals, and on to the second world war. At this point we see powerful struggles behind the scenes on the home front, where voluntary hospitals, though bankrupt and outdated, fought to survive against the powerful local authorities,