

hereditarian biologists, but we do learn a good deal about the literary network through which the message was spread. Most of the many family letters have been excluded—though we may read Weismann’s painfully frank letter to the father of his morphine-addicted second wife on the occasion of their separation—but domestic and professional networks actually overlapped to a remarkable degree. Mary’s brother August Gruber became Weismann’s number two in the zoological institute, and the local anatomist Robert Wiedersheim married her sister. We also gain insight, with echoes of a more famous invalid-evolutionist, into just how dependent Weismann was on being read to by family members and by a succession of the mature, cultivated women whose voices he preferred. Though his hypersensitive eyes could serve as a protective screen, he became increasingly irritable, and as he did so he gave vent to a more than casual anti-Semitism—which Churchill cautions, however, against too hastily linking to the racial biology that was so actively promoted around him.

The editors guide us well. Churchill’s concluding essay is a masterly survey of Weismann’s scientific work, thoroughly laying out the argument that a scientist who did more than most to drive a wedge between genetic transmission and development nevertheless fully shared in the embryological orientation of so much nineteenth-century science. But since the method is to explore common themes in different series of publications, this piece could have been written without the manuscripts, and mostly it does not matter where Weismann worked. By contrast, the introductions and notes—in which there are rather a lot of very minor slips, and Weismann’s Cambridge acquaintance (pp. 88, 90) might have been identified as William Hay Caldwell (the automatic microtome was his idea)—help to place Weismann’s science in its local contexts. They signal many directions in which further research could fruitfully use the manuscripts made so conveniently available here.

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Anne Hardy. *Health and Medicine in Britain since 1860. Social History in Perspective*. New York: Palgrave, St. Martin’s Press, 2001. xi + 220 pp. \$65.00 (0-333-60010-X).

Writing general works of synthesis is an impossible task: striking the balance between possible topics requires the judgment of Solomon. New major works appear just when a draft is finished. Alternatively, major work does not exist when one wishes it did; some areas are inexplicably neglected. In addition, if one is working on periods of history leading into the present day, then historical assessment is truly a movable feast. In my case, a change of government meant

that many existing health structures were changed and replaced, most inconveniently for my nearly finished text.

Anne Hardy has undoubtedly encountered many of these problems in writing her survey history of the past 140 years. Her book is sensibly divided chronologically into five major chapters: one deals with the nineteenth century and the turn-of-the-century years, while four deal with the twentieth century. Hardy mentions her audience of medical students in the intercalated B.Sc. degree at University College London, and this is clearly the type of audience for whom she is writing. She has set herself the task of providing a mix of “historical fact” along with a judicious leavening of the latest historical interpretations and debates, where these exist. Students wanting “basic facts”—for example, dates of the arrival of the stethoscope and the thermometer—can find this information (p. 23). But some of the debates are also there: if one looks up “Webster, Charles” in the index, for example, one finds reference to the debates around the “healthy or hungry?” 1930s—although not to those around consensus and the coming of the NHS.

The book’s focus is the relationship between medicine and health: both at the personal level, in terms of the relationship between patient and doctor, and at the community level, in what is generally termed public health. It therefore covers the changing demographic background—the growth of the urban/rural divide in the nineteenth century, or the rise in the proportion of the elderly in the population after the Second World War. There is valuable information throughout the book on changes in medical technology, in equipment, but also on medical advances like the improved medical understanding of the identities and characteristics of different diseases, and when these were established. Hardy is concerned to outline the connections between medical advance and industrial development, so that the rise of the pharmaceutical industry in the twentieth century is given full weight. Because of her own research interests, nutrition and food-related aspects of health receive valuable prominence.

The state of public health in the nineteenth century—the deficiencies of water and sewage disposal, and the problem of industrial disease in the nineteenth century—always of interest to students beginning work in the history of medicine, is graphically described, and the book ranges widely over the subsequent late-nineteenth-century “discovery of poverty,” the rise of state involvement in the provision of medical care, and the economic, male breadwinner priorities that determined it. A particular strength are the two chapters on the First and Second World Wars, which focus on the impact on the civilian population as well as on the troops. That on the 1939–45 war deals with the health impact of the movement of population; infectious disease (meningitis made a reappearance); the impact of air raids; and the state of the nation’s food. Rationing and the British Restaurant are given due attention.

The postwar years are more difficult to write about, and the content here is sometimes uneven. The “Doctors’ Charter” of 1966 is not mentioned, although it was arguably more important in raising the status of general practice than pay

deals in the 1950s, which are included in the text (p. 143). Women's smoking was not rising into the 1990s (p. 151), but was in relative decline from the late 1970s. This pattern was like men's, although women's smoking declined at a slower rate. There is little on the "politics of health" and the debates that have accompanied it. One might have wished for a firmer conclusion in which the past was related to the present—another interest for a nonspecialist readership. But these are minor quibbles. In general Dr. Hardy has carried off her impossible task with considerable skill: her text will be widely used by students in this field.

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Robert Woods. *The Demography of Victorian England and Wales*. Cambridge Studies in Population, Economy and Society in Past Time, no. 35. Cambridge: Cambridge University Press, 2000. xxv + 447 pp. Ill. \$69.95 (0-521-78254-6).

Robert Woods is possibly the leading historical demographer of England and Wales during the civil registration period, and *The Demography of Victorian England and Wales* is a long-awaited synthesis of his research into a single volume. The main aim of the book is the description and interpretation of geographically and socially differentiated patterns and changes in nuptiality, fertility, mortality, and migration, using the tabulations of births, deaths, and marriages in the Registrar General's *Annual Reports* and *Decennial Supplements* as his principal data source. The lack of sufficiently detailed data relating to nuptiality, fertility, and migration means that the volume is dominated by the study of mortality. Nevertheless, Woods manages to provide a coherent and integrated picture of Victorian demographic differentials and change which, while containing no major new findings, offers new emphases and interpretation.

The Victorian era is particularly interesting because of the transition from high to low levels of both fertility and mortality, and this forms a central topic of the book. Woods's geographical analysis of the mortality decline and his consideration of the environmental influences on different diseases lead him to suggest that the decline in mortality from phthisis (pulmonary tuberculosis) was due more to an exogenous decrease in the virulence of the disease than to better nutrition and increasing standards of living. He concludes that epidemiologic changes were also implicated in the mid-nineteenth-century upturn of early childhood mortality, which he classes as an exogenously determined cyclical rise, rather than the effect of urban population growth. This leads him to reassign the origins of the secular decline in early childhood mortality to the late nineteenth century, the period when nondiarrheal infant mortality began its decline. Woods emphasizes the synergy of fertility and childhood mortality and argues for a demographic revolution characterized by the simultaneous decline in both,