Medicine and the Workhouse ed. by Jonathan Reinarz, Leonard Schwarz (review)

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as the notion that young girls should receive a sound education became the norm for noble families.

With a few exceptions, Kuxhausen's work is clearly written and well researched; she also consistently places her work in a comparative context. The primary shortcoming of this otherwise fine book is that although Kuxhausen addresses the problem of audience, she overstates the impact of the reforms on Russians outside a small subset of the elite: lamentations on the part of professionals about child mortality and poor childhood development among the peasantry persisted throughout the imperial era. Overall, however, this work is an important contribution to the literature on gender, women's history, and the cultural history of Russia.

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Jonathan Reinarz and Leonard Schwarz, eds. *Medicine and the Workhouse.* Rochester Studies in Medical History. Rochester, N.Y.: Rochester University Press, 2013. vi + 281 pp. $90.00 (9781580464482).

Bringing together experienced and junior scholars, this collection of essays seeks to refocus attention on the significance of the workhouse in the provision of medical care. The book is split into two sections, dealing with the old and the new poor laws, respectively (though in practice, some chapters bridge both regimes). Under the former, Kevin Siena builds upon his interests in contagion and marginal metropolitan populations. Here, he argues that London's workhouse infirmaries were medical safety nets for poor patients who were excluded from other institutions on a variety of grounds, not least a diagnosis of fever. Susannah Ottaway, an expert in the history of old age, outlines how demographic changes, the extension of life's limits, and the medical needs of the elderly helped drive the growth of the workhouse movement. This, she observes, requires fuller investigation given what we know about the care of the aged and shifting notions of individuality and freedom in the eighteenth century. The study of workhouse burials in the London parish of St Martin-in-the-Fields by Jeremy Boulton, Romola Davenport, and Leonard Schwartz quantifies the mortality outcomes for the sorts of patients discussed by Siena and Ottaway (that is, the gravely ill and the elderly). They demonstrate how the risk of death was at its highest soon after admission, particularly for males. They conclude, albeit speculatively, that the high death rate of the workhouse was more likely due to the profile of vulnerable and diseased inmates than to the environmental conditions of the workhouse itself.

Alannah Tomkins construes indoor medical relief through writings of life rather than documents of death. Mining working-class autobiographies, she addresses what might be an awkward finding in the light of the existing historiography: that is, these strategically written texts, when carefully corroborated and

interpreted, are indicative of a form of care that was "deemed both materially and emotionally satisfactory" (p. 99) than we have thought so far. This, of course, was not uniformly the case; for although Leonard Smith's chapter on mental illness does not include patient testimonies, it is clear that conditions in what he calls "workhouse asylums" were far from optimal. Straddling the Old and New Poor Law, and integrating Lunacy Commissioners' reports with archival records from the English Midlands, Smith shows how workhouses became normalized as a locus of care for the mentally ill, and, as such, were accorded centralized inspectorial standards of care and management.

Surveys of poor law medical care in Ireland by Virginia Crossman and in Birmingham by Jonathan Reinarz and Alistair Ritch underline its increasing centrality to a mixed economy of both local and national "systems" of health care provision. Angela Negrine's study of the Leicester workhouse infirmary complements these by highlighting the pedigree of the Poor Law Medical Officers and, despite the infirmary's many deficiencies, she lauds the forms of care offered to paupers that otherwise would have been unavailable to them.

The depths and ramifications of "cruelty" might be said to form the basis of the two remaining substantive chapters. Samantha Shave analyzes the turning of national attention toward a series of pauper deaths and accounts of neglect in Somerset's Bridgewater Union in 1836–37. This was no mere local wrangle, and Shave reveals how evidence from the scandal was instrumental in the shaping of the General Medical Order of 1842. Meanwhile, Rita Pemberton's chapter on the British Caribbean provides a perspective that integrates workhouse and penal narratives very effectively. Pemberton judges, somewhat dismally, that even in a period of full and partial freedom from slavery, medical practices "buttressed, rather than relieved, the cruel impositions of prison and workhouse operations of the day on the inmates" (p. 225).

This volume leaves us with the impression that it is no longer enough to think of workhouse "medicine" in an undifferentiated way. Particular attention is paid here to the contagious, the elderly, and the mentally ill. More can be done to reveal how these and other workhouse inmates (mothers and infants, for example) in other places were treated and by whom (though I think the editors and some of the authors overplay the role of workhouses as spaces of medical innovation). Crossman's chapter on Ireland, where the poor law emerges as the fulcrum for a system of more than seven hundred dispensaries, hints that we also need a more nuanced understanding of how the medical apparatus of the workhouse operated in and through other institutional and domestic spaces.

Many of the authors in this book, not least the editors in the introduction and Steve King in his panoptic afterword, invoke decades-old work by historians such as Anne Crowther, Michael Flinn, and Ruth Hodgkinson to underscore just how neglected the poor law has become in the history of medicine and health care. As such, this volume does represent a shot in the arm for what really should be an extremely rich area of research. Yet destabilizing what we think is meant by "workhouse medicine" should be the minimum expectation of a volume such as this. My main gripe with *Medicine and the Workhouse* is that by and large it fails to

showcase very much that is methodologically sophisticated or theoretically substantive. Indeed, in these two respects at least, most of the essays are what could be characterized as descriptive social history of a traditional sort, traditional in that, while not without intrinsic merit, they are barely indistinguishable from the work conducted years back by the historians mentioned above. This is not to say that shafts of inspiration are altogether absent—such as Siena on the consequences of exclusion, Ottaway on concepts of individuality and freedom, Tomkins on the use of autobiography, and Shave on policy formation—but that they shine all too briefly and are underdeveloped. Much of the rest is often disassociated from the broader cultural and political landscape of which the history of workhouse medicine should be a part.

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Angus H. Ferguson. *Should a Doctor Tell? The Evolution of Medical Confidentiality in Britain*. Medical Law and Ethics Series. Farnham, UK: Ashgate, 2013. xv + 240 pp. $124.95 (978-0-7546-7960-8).

Given that confidentiality has been part of codes of medical conduct since the Hippocratic Oath, historians have paid surprisingly little attention to this subject. After Raymond Villey's monograph on medical secrecy in France and the study of disease surveillance and privacy in the United States by Amy Fairchild et al., Ferguson's is only the third book-length history of medical confidentiality, and the first to comprehensively address the topic for Britain.[1]

Ferguson's narrative starts with an analysis of the Duchess of Kingston's trial for bigamy (1776), in which Lord Chief Justice Mansfield denied her surgeon, Caesar Hawkins, a privilege to refuse giving evidence. Although, as Ferguson argues, Hawkins's reluctance to speak had more to do with his wish to bolster his reputation as a gentleman than any deeper concern about professional confidentiality, Mansfield's rejection of a medical privilege in court set a common law precedent that has been influential in Britain to the present day. A subsequent chapter further explores the tensions between the medical profession's interest in preserving confidentiality and demands of the judiciary for medical evidence. As Justice Henry Hawkins made it clear in 1896, it was for the judge to decide whether a doctor had to testify in court or not, depending on the particular circumstances of the case. Another contentious question was whether doctors were obliged to notify the police if they became aware of a case of criminal abortion. Ferguson

1. Raymond Villey, *Histoire du Secret Médical* (Paris: Seghers, 1986); Amy L. Fairchild, Ronald Bayer, and James Colgrove, with Daniel Wolfe, *Searching Eyes: Privacy, the State, and Disease Surveillance in America* (Berkeley: University of California Press, 2007).