Bacteria in Britain, 1880–1939 by Rosemary Wall (review)

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Bulletin of the History of Medicine, Volume 89, Number 3, Fall 2015,
pp. 615-616 (Review)

Published by Johns Hopkins University Press
DOI: *https://doi.org/10.1353/bhm.2015.0071*

Arabinda Samanta's chapter on malaria in Bengal moves away from the traditional domains of public health and engages with popular faith and beliefs, critique of colonial policies, which were seen to have aggravated the malaria situation in Bengal. Significantly Samanta shows that, unlike in Bombay during the plague outbreak, people in Bengal did not oppose hospitalization. Since malaria was seen in rural Bengal as caused by British intervention, the feeling existed that the responsibility to set up institutions for its prevention and cure also rested on the colonial administration. Moreover, the treatment of malarial fever with indigenous drugs generally proved ineffective.

While this volume does not redefine the existing debates in any significant way, it will appeal to students and researchers seeking to explore the various contours of the history of colonial medical contestations.

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Rosemary Wall. *Bacteria in Britain, 1880–1939*. Studies for the Society for the Social History of Medicine, no. 17. London: Pickering & Chatto, 2013. xiv + 254 pp. Ill. $99.00 (978-1-84893-427-6).

For some time now the history of the reception of bacteriology in late nineteenth-century medicine and public health has highlighted a contested and uneven process, marked by professional resistance to and selective accommodation of the new laboratory science. Such accounts have served as an important corrective to positivist histories, still popular and being written, which assume that bacteriology rapidly revolutionized medicine. Yet, in recasting the adoption of bacteriology as an evolutionary process, there has been a tendency to assume an essential tension between medical science *and* medical practice. In this well-crafted book, Rosemary Wall challenges this picture by examining the reception and use of bacteriological knowledge in medical and lay communities in Britain from the turn of the nineteenth century to the outbreak of the Second World War. The choice of period is significant, for while the emergence of bacteriology in British medicine has been richly detailed by Michael Worboys, its consolidation in the first half of the twentieth century has received comparatively little attention. Taking the hospital, the workplace, and the community as her keys sites, Wall examines the ways bacteriology became a "public science" in Britain, used by, among others, clinicians, citizens, workers, and lawyers.

The uptake of bacteriology in hospital medicine is traced through close analysis of case notes from St. Bartholomew's—one of London's leading voluntary hospitals and a bastion for elite physicians—and Addenbrookes—the teaching hospital of Cambridge University and a leading center for medical scientific research. Examination of the changing language of case notes in relation to the

use of bacteriology in clinical diagnosis leads Wall to challenge the view that the laboratory played only a circumscribed role in these institutions. Scrutiny of the clinical work of the Bart's physicians, Samuel Gee and Thomas Horder, typified by Christopher Lawrence and other historians as embodying a conservative gentlemanly medicine resistant to laboratory science, shows that they readily employed bacteriology to supplement and, at times, guide their diagnostic practices, especially with regard to diphtheria and typhoid. Although reliance on bacteriological diagnosis varied between and within Barts and Addenbrookes, Wall persuasively argues that studying what physicians *did* along with what they *said* yields a more nuanced picture of the relationship between the laboratory and the clinic than historians have previously offered.

From bacteriology in the hospital, Wall turns to its wider social and cultural dissemination in British society. Four chapters highlight different ways in which the new science was enrolled in disputes in wool and tanning industries affected by anthrax in Bradford and London, and within local communities affected by typhoid. That both diseases were widespread and captured national attention allows Wall to take them as representative of how bacteriology spread outside the laboratory and hospital, and of how its role and uses changed in the process.

The case studies of anthrax and typhoid support the main contention that bacteriological ideas and practices were quickly accepted across a broad spectrum of British society. Increasing use of bacteriological diagnoses in hospitals, growth of public health laboratories, and, most crucially, trust placed in the new science by citizens, the law, and industry from the 1900s onward suggest that bacteriology became a "public science" in the first decades of twentieth century and that this occurred precisely when historians claim its authority and place in clinical and public health medicine were most contested.

Wall deftly argues that while the uptake of bacteriology was rapid and widespread, this did not entail a revolution in British medicine and society. Its uses were as diffuse as its spread, with different constituencies aligning bacteriology to their interests and to existing ways of knowing and working.

Wall's general argument is attractive and suggestive but not conclusive. The evidence for it is more illustrative than representative. In particular, some readers will not be fully satisfied that the sophisticated claims of this book rest on case studies of two hospitals and two diseases in fairly circumscribed geographical regions. The rather narrow empirical focus of *Bacteria in Britain* means that it opens rather than closes an important historical avenue into the reception of bacteriology in modern Britain. In so doing, this book should be praised and credited for paving the way.

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