

families which did not conform to the male breadwinner model. The policy response was a focus on health visiting and clinic services to educate women on purportedly optimal mothering practices, such as breast-instead of bottle-feeding. In Gothenberg the research findings were produced in a different context: social zoning was less clear-cut and female labour force participation was essential to the urban economy. Thus the science led to a different policy outcome, with maternity hospital investment on a far greater scale than in Britain. The case of tuberculosis similarly demonstrates how expert knowledge which challenged dominant power structures was disregarded. In both cities the causal role of poverty and poor housing was overlooked in favour of a strictly microbial understanding, which legitimized surveillance and segregation of TB patients. Again there were different paths, with Gothenberg moving more rapidly to adopt the BCG vaccine. Here Niemi extends Bryder's earlier analysis, arguing that the prior commitment of financial and professional capital to institutional and educative responses explains Britain's later take-up of vaccine therapy.

In sum the book makes an important contribution both to science studies and to the history of municipal health care. Two reservations may be entered, however. First, is Niemi comparing like with like? The Birmingham evidence is geared heavily towards the perspective of the public health department and we learn little of the part played by the voluntary sector and Poor Law in the debates discussed. The omission of Dudley Road Hospital (Birmingham's allegedly progressive Poor Law infirmary) is odd, given the argument about contrasting hospital policies. Nor are the claims for the city's lacklustre performance in slum clearance supported by detail from housing department sources. Second, although this study is fiercely critical of several municipal health policies, the fact remains that the period saw a major improvement in population health. Niemi is not concerned to explain this, alluding briefly to McKeown and suggesting that its cause is simply unknowable. Instead she presents statistics of declining TB and infant mortality rates principally to assert the hollowness of civic triumphalism, given that both cities pursued quite different strategies. However, since she does not show conclusively that these health improvements really were occurring independently of policy prescriptions, it remains impossible for the reader to calibrate the value of the 'freedoms' lost and won in the process.

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**Steven Thompson**, *Unemployment, Poverty and Health in Interwar South Wales*. Cardiff: University of Wales Press, 2006. xvii + 296pp. 26 figures, 18 tables. Bibliography. £45.00.  
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The book's cover is a bleak, black and white photograph of unemployed miners scavenging on a coal tip, while a container of slag cascades down above them. It is an appropriate image, as the material within presents an unremitting account of the misery heaped on South Wales during the Depression. The broad context of the research is the 'healthy or hungry thirties' debate, on whether the worst effects of

the slump were ameliorated by an incipient welfare state founded upon growing national prosperity. Thompson addresses the issue systematically, dealing first with the impact of joblessness on the family economy, then analysing the effects of deprivation on social provision, before culminating in a discussion of health outcomes. The style is old-school social and economic history, and the approach throughout is to contrast South Wales' experience with that of England and Wales, graphically illustrating the extent of regional disadvantage. Thompson is at home with both quantitative and qualitative methodologies. His documentary sources range from contemporary reports, administrative records and autobiography, but such evidence is carefully framed within detailed statistical analysis, often at the micro-level of local government district. The fine-grained data on unemployment, health services, housing, death rates and infant mortality will surely provide a key reference point for future work on the region.

The early chapters quantify the scale of joblessness and the economics of welfare benefits, then explore the coping arrangements of the poor. Women are at the centre of the story of the 'shock absorber' strategies which safeguarded the family, such as managing debt, negotiating rent arrears and sacrificing food consumption to maximize that of the male breadwinner. Urban historians will be most interested in the central sections of the book, where Thompson deals with housing and slum clearance, focusing particularly on the small towns of the valleys. Though clearly insufficient when set against the scale of need, he finds some evidence for the good quality of local authority housing and its contribution to the reduction of overcrowding. The public health aspects of the built environment are also discussed, with medical officer of health reports fruitfully used to examine issues such as water, sanitation and space for leisure. This is an important contribution, given the usual tendency of public health historians to assume attention had switched after 1900 to curative services. Thompson's own take on the 'mixed economy' of medicine is not simply to restate evidence of Welsh under-provision, but also to emphasize the persistence of informal and irregular healing, prominent in the biographical sources. The concluding chapters illustrate the demographic impact of the Depression. South Wales' excess mortality over that of England and Wales was striking, with female disadvantage again a marked feature: for example, in Merthyr in 1931–35 the excess mortality of women aged 15–24 was 221 per cent of the national rate. And while Wales shared in the general downward trend in infant mortality, the district level analysis demonstrates that this was reversed for neonates in the most depressed communities.

Where does all this leave the 'healthy or hungry thirties' debate, given that recent quantitative work by scholars such as Lee, Southall and Congdon broadly confirms the optimist position first staked out by Jay Winter? Thompson wisely takes an equivocal stance, noting for example that the excess female mortality he detected was not peculiar to the 1930s, but was an aspect of the 'mortality landscapes of these industrial communities during the late nineteenth and early twentieth centuries' (p. 199). Nonetheless, if his regional study does not pretend to overturn the national picture of long-run improvement, it surely demonstrates with greater clarity than hitherto just how disastrous the localized impacts of joblessness on health could be.

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