

and domestic medicine are hardly covered—but one can hope that this timely guide will inspire medical historians to turn their attention to the South Wales coalfield and mine the rich sources available.

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**Steven Thompson,** *Unemployment, poverty and health in interwar South Wales*, Studies in Welsh History, Cardiff, University of Wales Press, 2006, pp. xvii, 296, £45.00 (hardback 978-0-7083-2042-6).

This book, developed from a doctoral thesis, contributes to the debate on whether the 1930s were “healthy or hungry” by exploring the variables affecting health in an area synonymous with mass unemployment and deprivation—South Wales. The first three chapters examine sources of income, the balancing of household budgets, and the consequences for diet and nutrition. This demonstrates that a straight division between the unwaged poor and those in work is misleading. For some, living on benefits provided, temporarily, a reasonable income, while wage earners might suffer prolonged periods of short-time working which plunged them into poverty.

Even more significant, however, may have been variations within the categories. As Thompson points out, different family units had to react and plan how they would spend the resources available. Social policy has traditionally assumed that redistribution stops at the door of the household—that is, that all household members have equal access to the resources available. Here, the analysis highlights one important factor that has previously been explored both historically by David Vincent, and contemporarily by Jan Pahl; the role of women as budget holders in poor households, particularly the need to keep the breadwinner active and its attendant consequences for the health of the women.

Other factors were important. South Wales had relatively high levels of owner occupiers whose resources were not depleted by rent

payments. Non-monetary benefits—here represented by allotment cultivation and the keeping of pigs and other animals—also contributed to living standards, echoing contemporary debates about the definition of poverty in developing countries. Nonetheless, unemployed households generally spent significantly less, and consumption was weighted towards cheaper, bulkier items.

The next two chapters examine housing and environmental factors. Both housing standards and overcrowding contributed to poor health. New council housing was relatively restricted, and not until the 1933 Greenwood Act would new council house building directly impact on the poorest tenants. The heavy industry spread through the area had environmental effects. Given the nature of the work available in the South Wales area, it is surprising that neither industrial diseases nor industrial accidents feature in the index.

Classically the mixed economy of welfare is discussed in terms of the split between the funding and provision of services, and the matrix of possible methods of provision this produces, but in the next chapter on medical services available, it is used to identify the overlapping sectors of medical care used by the people of South Wales—the “popular”, the “folk” and the “professional”. Overall the picture confirms Julian Tudor Hart’s inverse care law, with largely working-class communities reliant on lay resources and overworked doctors of varying quality.

The final two substantive chapters explore and disaggregate both general and child mortality statistics, producing insights into the possible effects of poverty on different groups. One problematic is that industrial depression and unemployment spark a natural response, which is migration in search of better employment opportunities. Among the young, the exodus was marked. To what extent did the migration of workers from the coalfields affect the medical outcomes of the remaining population?

This is a valuable and insightful study which deserves a wide readership. Its publication was funded by the Board of Celtic Studies, now defunct. It is to be hoped that other means of making studies in various aspects of Welsh

History accessible to a wider audience will be found.

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**Louise Foxcroft**, *The making of addiction: the 'use and abuse' of opium in nineteenth-century Britain*, The History of Medicine in Context, Aldershot, Ashgate, 2007, pp. xvii, 199, £55.00, \$99.95 (hardback 978-0-7546-5633-3).

When this book first appeared on the publisher's list, some colleagues mentioned its subject to me. They wondered how it would differ from a book I had published some years ago. I wondered too: but I approached the book with an open mind and a realization that historical research and interpretation has a shelf life. Perhaps it was time for a new approach.

I cannot say that I was convinced that this book provided it. The author starts with a misapprehension. "There are few recent historical works that include accounts of addiction . . ." (p. 3), she claims. The aim of the new book is to provide a nuanced account of addiction in the nineteenth century. My own *Opium and the people* is acknowledged as having done this. But, so Foxcroft states, "the 'nature and significance' of addiction is relegated to an appendix in the 1987 edition" (p. 5). She has this wrong. The main text of the book, which I wrote, contains a whole section and two chapters (12 and 13) which deal with the nature of opium use as a disease, the emergence of disease views and the role of hypodermic morphine in the process. The appendix which she criticizes was written by Griffith Edwards and this is clearly stated in the book; thus the words quoted represent the view of a psychiatrist in the 1980s, not the historical discussion in the rest of the text. Other authors—Geoffrey Harding and Terry Parssinen, for example—have also touched on the emergence of these concepts in their work and Mariana Valverde's *Diseases of the will*, which is not cited, has given a recent reinterpretation.

Establishing new interpretation is fine and to be welcomed—but it should not be done by misrepresenting the existing state of play.

The book's contents did not reduce my sense of irritation. Much parallels that in my own production. There is a discussion of early history; the period before the nineteenth century (the usual authors are cited); the impact of poisoning by opium; literary use; the Earl of Mar case, which opened up discussion of whether the moderate and lengthy use of opium was harmful; the Chinese and anti-opium agitation; the emergence of addiction through discussion of the use of the hypodermic syringe and literary sources. There is new material but often some familiar quotations peep through.

What is different? The availability of a larger amount of secondary comment on literary usage has enabled the author to write well about this topic. The chapters provide interesting quotation and further detail about addicts such as Helen Gladstone, sister of William. I am surprised that the recent focus on Wilberforce with the current interest in the abolition of the slave trade has made nothing of his tolerated opium addiction, a parallel example of attitude change over the last two centuries. The greater volume of historical interpretation on the wider history of medicine field which now exists is also drawn upon. Some areas of significance are not here. There is little on popular use and nothing on the Fens, nothing on the legislative issues of the nineteenth century—the role of pharmaceutical regulation or the role of patent medicines.

There are some surprising omissions. One is the connection between disease theories of opium and those concerned with alcohol, addiction to drugs and to alcohol. There is an appendix on opium and alcohol but it does not touch on the connection. The few references to inebriates and inebriety in the index also do not lead to a sustained discussion. If the book's aim is to deepen our understanding of the role and emergence of addiction as a concept it must surely discuss this connection, which was an important one. Overall the book has its interesting passages, but I found it difficult to