

Alistair Ritch, *Sickness in the Workhouse: Poor Law Medical Care in Provincial England, 1834–1914* (Woodbridge: University of Rochester Press, 2019), pp. 298, £95, hardback, ISBN: 9781580469753.

Medical care was available in poor law institutions prior to the introduction of the New Poor Law in 1834. However, as Alistair Ritch argues in this recent and ground-breaking study, medical care became more prominent within the workhouse after this date. Whilst the workhouse was a relatively small aspect of pauper medicine within the New Poor Law, it was ‘the most important form of institutional provision for the sick poor’ (p. 220) prior to the First World War. In order to demonstrate this, Ritch uses themes such as acute illness and disability, fever patients and their segregation, the disorderly patients, the physicians and nurses who attended the sick, and medical therapies. Throughout, Ritch focuses on the workhouses of Birmingham and Wolverhampton, with occasional references to other workhouses, in order to place these two institutions within the national context.

Beginning with a discussion of acute illnesses and chronic disability, *Sickness in the Workhouse* shows how those with conditions often thought exempt from workhouse care were, in fact, treated within the institutions. Similarly, fever and smallpox wards were set up within the workhouse, providing an element of isolation along with spaces for those with infectious childhood diseases such as whooping cough, scarlet fever and measles, and for those suffering from conditions such as puerperal fever, diarrhoea and ‘dirt diseases’, such as typhus and typhoid fever (p. 78). With regards to admitting infectious patients, the guardians of the workhouse often had to work with town councils and sanitary authorities, which indicated the importance of the workhouses to attempt to halt the spread of infectious diseases. Workhouses were able to, and did, make their medical facilities available to nonpaupers: they often acted as a type of isolation hospital prior to such institutions being established by local governments.

Ritch shows that, in addition to being a place of importance for those with infectious diseases, the workhouse also treated individuals who demonstrated challenging behaviours, due to either physical or mental disabilities. Patients suffering with venereal diseases, particularly syphilis, were also treated within the workhouse in the same way as those suffering from fevers, smallpox and other medical conditions. The workhouse did not appear to discriminate against these patients, although, as Ritch points out, these patients were often restrained as a result of their violent behaviour: ‘mechanical restraint and seclusion were employed not only to control behavioural disorder in mentally ill patients, but generally to punish any form of bad behaviour or dissent by any of the inmates’ (p. 123). Therefore, there was a fine line between treatment and punishment within the workhouse as the Medical Officer had the dual role of disciplinarian and caregiver.

Alongside the provision of general medical care, the specific care provided within the workhouse union, and the ideas of the union’s guardians, are now considered to be the forerunners to a number of ground-breaking medical therapies. Epileptic patients were considered to be dangerous and challenging, but changes in treatments used for epilepsy at the beginning of the twentieth century modified such views. Epileptic patients were increasingly able to move around the ward with a little more freedom and could be engaged in work, as they were in Birmingham. In 1904, Birmingham led the way with the first epileptic colony at Monyhull to the south of the city. Suitable patients were moved from the workhouse to the colony which became ‘a pioneer in the care of people with what is now called learning difficulties and was copied by authorities all over the country’ (p. 115).

Both physicians and nurses were hired to attend to the sick within the workhouse, and this occurred in all poor law institutions around the country. In Birmingham and Wolverhampton, there was concern that the physicians in attendance at the workhouses were not there for the benefit of their patients. Ritch, however, argues that whilst this was the case for some, particularly in the earlier part of the period under consideration, many of the physicians were in fact highly committed to their work. In contrast, the nurses hired to care for poor law paupers were more difficult to keep in their jobs. The work was hard and turnover was high, but some nurses did remain in post for most of their working lives.

Overall, this is an excellent book, which places the workhouse in the broader context of medical care in the period 1834–1914. It provides a detailed examination of a variety of factors involved in workhouse medicine in the nineteenth and early twentieth centuries. This work places the medical care for society's poorest at the forefront and reminds us of the importance of institutional care in the development of the history of medicine. This will be a valuable text for students and academics engaged in the history of medicine in the Victorian and Edwardian periods as well as those interested in institutional history more generally.

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P.N. Singer and Philip J. van de Eijk (eds and trans), *Galen: Works on Human Nature. Volume 1: Mixtures (De Temperamentis)* (Cambridge: Cambridge University Press, 2019), pp. xvii + 269, hardback, ISBN: 978-1-107-02324-7\$125.

Galen: Works on Human Nature, Volume 1 is part of the series *Cambridge Galen Translations*. It is the second book to be published in the series, after *Galen: Psychological Writings*, and it contains only one text, Galen's treatise on *Mixtures* in three books. Like some of the translations in *Psychological Writings*, Singer's translation is a reworked version, with expanded notes and commentary, of one that appeared in his 1997 volume *Galen: Selected Works*, in the *Oxford World's Classics* series. That volume, which made many of Galen's most intriguing works accessible in English to students and scholars alike, has sadly been out of print for so long that my own tattered copy resides in a plastic zipper bag where I preserve it from decay. While it is helpful to have the authoritative, scholarly translations in the *Cambridge Galen Translations* series, their price prohibits their use as classroom texts, and a reprint of *Galen: Selected Works* is still desirable.

Van der Eijk's introduction to this translation of *Mixtures* not only clarifies the treatise's main medical and philosophical themes, but also covers points important to the historian, beginning with the editor's case for the centrality of *Mixtures* to Galen's body of work. Although it is not one of Galen's longer, monumental treatises, like *The Usefulness of the Parts* or *The Method of Healing*, nevertheless Galen considered it part of the 'core curriculum' he prescribed for students seeking to learn medicine, and it was part of the canon of sixteen treatises taught in Alexandria in late antiquity. In discussing the audience for this treatise, van der Eijk appropriately draws attention to the social context for which it was written – several signs show that it served a practical, pedagogical function alongside live, face-to-face training in clinical medicine. Other topics covered in the introduction include the influence of Aristotle on Galen's work (this treatise is unusual in its unambiguously positive evaluation of Aristotle), Galen's teleological stance as expressed here and in other treatises, the intellectual history of the theory of mixtures and the treatise's influence on the medical traditions of later centuries.

Mixtures is a discussion of the essential qualities of hot, cold, wet and dry, how we can discern and measure these mixtures in patients and how we can use the mixtures of different foods and drugs to correct imbalance. While Hippocratic theory connected these qualities to the four humours, and Galen accepted humoral theory and elaborated on it, there is little discussion of humours in this treatise (on Galen's humoral theory the recent book of Keith Andrew Stewart, *Galen's Theory of Black Bile*, Brill 2018, is now fundamental). Its best-known passages link the essential qualities to personality traits, physical characteristics and race. Less well-known but equally striking is Galen's discussion of how to measure the qualities, especially heat; he thought that the skin of the inside of the human hand was specially adapted for that purpose. Galen claimed to be able to distinguish fine gradations of heat by touch and to be able to remember a patient's heat profile for years, a claim that as a mother who hates thermometers, and who has always measured her children's temperatures by hand, seems less extraordinary to me than the editors of this volume find it.