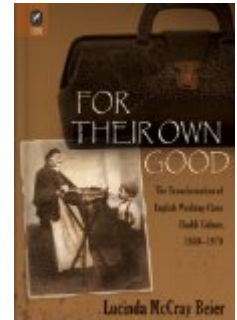


Lucinda McCray Beier. *For Their Own Good: The Transformation of English Working-Class Health Culture, 1880-1970.* Columbus: Ohio State University Press, 2008. 488 pp. \$64.95, cloth, ISBN 978-0-8142-1094-9.



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For Their Own Good is a study of working-class attitudes to and practices in health in north-west England before and during the establishment of the National Health Service (NHS). Following the recent debates about healthcare reform in the United States, Lucinda McCray Beier provides a timely contribution to the broader question of how healthcare is accessed by people of differing socioeconomic backgrounds. It also provides much-needed insights into the ways in which medicalized healthcare was insinuated into the lives of working-class people, and how this was accepted and adapted by these groups.

The first chapter serves as an introduction to the book, outlining and defining the object of study. "Every Street Had Its Lady," the second chapter, begins with the premise that women were the managers of their families' health, and that professional medics played only a peripheral or occasional role. Beier shows that many communities had a woman who possessed knowledge about health; these neighborhood experts and mothers formed part of a network or micro-econ-

omy in which resources and knowledge were pooled. Beier also establishes that in order for these networks to have functioned successfully, the community on the street had to be relatively stable and "respectable" (p. 45). This is an important point that deserves wider testing.

The third chapter, "We Know What's Good for You," changes the focus from the street and the family to the biomedical dramatis personae and their spaces: chemists and their shops, doctors, clinics, and hospitals. One of the most interesting and rich discussions in this chapter is that around the chemist or druggist. The chemist occupied a porous boundary between the folk medicine of working-class communities and the "scientific" medicine of the medical establishment. Chemists were a first port of call because they were able to dispense advice and medication at a far lower cost in comparison to a doctor. Yet their activities were constrained through a series of Dangerous Drugs Acts that restricted their role, particularly with regard to the sale of opiates for pain relief and abortifacients. The boundary between the

chemist and the doctor hardened throughout the first half of the twentieth century, with the introduction of the NHS removing the need for the chemist as an affordable provider of healthcare and advice and clarifying their role as a dispenser of medicine. This is a fascinating discussion that sets up a series of questions for further research. First, the role of the British chemist has continued to fluctuate through the introduction of free market principles in the NHS in recent decades, with a greater emphasis on increasing access to healthcare in deprived communities, and with a desire to reduce attendance at General Practice (GP) clinics for “minor” ailments. Are these truly “new” developments or did their earlier roles fail to fade away? The specificity of the role of the chemist could also be tested through comparative historical work on the evolution of the roles of chemists in other public health systems. The discussion of general practitioners perhaps provides fewer surprises, but usefully explores the way in which the working classes were increasingly compelled to consult doctors as part of the terms of friendly or approved society membership or because a family member was suffering from a “notifiable” disease. Likewise Beier’s analysis of working-class experiences of hospitals and attitudes toward them is engaging.

In her fourth chapter, Beier moves on to examine the relationship of the spread of disease in working-class space, with a focus on the paradox of how the control of infectious diseases increased at the very moment that the actual threat posed by such diseases declined. Building on the discussion in the previous chapter on growing working-class confidence in the ability of GPs and hospitals to effectively treat disease and illness, Beier examines the ways in which not going to the doctor came to be seen as a “bad” thing. Working-class families were understandably loathe to send members away to isolation hospitals yet also desirous that they should recover; the need to pass members into the care of the biomedical services was one negotiated by GPs and public health au-

thorities. Likewise, Beier makes an important point about the contestation of the official view that working-class behavior spread illness, by rightly pointing to the umbrage of those working-class families who did their best to uphold high standards in health and hygiene despite having limited resources.

Sexual health and family limitation is covered in the fifth chapter, whilst the sixth covers the related topic of childbirth and rearing. These are charted topics—one thinks of Hera Cook’s *The Long Sexual Revolution* (2004) and Barbara Brookes’s *Abortion in England 1900-1967* (1988)—but the interest here lies in the bigger picture that Beier has built up over the more general shifts in health practice in her case studies. In both cases—the “sciencing” of sex education and a growing emphasis on child care “experts”—changes took place within the expansion of biomedical and social services in working-class lives.

Health culture was not always something generated or negotiated purely at grassroots level, between working-class families and medical practitioners. Beier also considers the role of the mass media in developing this, through an analysis of *Woman’s Weekly* magazine’s problem pages and health advice, radio programs, and box office and Ministry of Health films. The individuals interviewed by Beier and her collaborator Elizabeth Roberts were active consumers of new entertainment technologies, but we do not gain a sense of how they consumed them and its implications for their specific experiences. While we can assume their consumption of these items, actual reader/listener/viewer responses and uses are harder to gauge—the perennial problem of using advice publications as an indicator of actual behavior. This raises a fascinating question not only of how attitudes and practices changed toward specific individuals or agencies—as Beier draws out—but also of how these changes were enabled or frustrated by the consumption of these media products. We might also inquire about the extent to

which the consumption of said products challenged the expertise of the medical professional by giving the individual an insight into the “medical” nature of their condition through the problem presented or the plot line of that week; equally we might ask how it enabled the consumer to define a concern as being of medical importance. Again, these are questions that can speak to current health policy and media practice, and the importance of locating current practice in its historical contexts.

For Their Own Good is a rich, important, and engaging book, and one that threw up a series of further questions for me as I was reading it. Whilst there is much logic in concluding the survey in the 1960s, the question Beier asks of how working-class families negotiate healthcare services and act to secure their medical needs beyond the 1970s requires attention. As I have pointed out elsewhere in this review, many points in the book speak to continuing trends in British healthcare. For example, an enduring trend is the role played by grandparents caring for their grandchildren whilst the children’s parents are at work, and the question of an intergenerational tradition (or rejection) of ideas. I would argue that there is a strong case for following through intergenerational transmission of ideas around health into the twenty-first century, examining the persistence of older health practices and attitudes toward them. Few born after the Second World War now use traditional remedies, such as poultices, yet people still continue to seek out alternatives to medicalized health, be that using folk remedies adapted to modern tastes or resorting to complementary medicine. It does not follow that a universal healthcare system, sixty years in, is able to bring all its clients in or to get them to adhere to its rules. Such behavior patterns—the province of medical sociologists and public policy researchers—need to be situated properly within sustained historical analysis and historians have an important role to play in teasing out the persistence of earlier trends. Beier’s book is both a rich

exploration of the evolution of working-class health culture and an invitation to further research.

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