

Book Reviews

to, and (sometimes) impacted upon, those processes is nicely revealed. Throughout, Lawrence defies the reader's complacency, as when he submits that "Lister's so-called 'antiseptic revolution' was in itself a trivial matter" (p. 66), or the National Health Insurance Act of 1911 "was a triumph for voluntarism, the clinical encounter and, less obviously but equally real, gentility" (p. 81).

In all these respects Lawrence's essay admirably meets the objectives of the 'Historical Connections' series—to provide a succinct introduction to important historical findings, to present challenging analysis, and to illustrate and affirm the importance of change in history (as opposed, one presumes, to more literary turnings). That the book's central propositions are open to debate only enhances the book's value as a teaching resource. The question of whether the cultural place of the interventive clinical encounter was really as fixed by the 1920s as Lawrence suggests, and whether it was so decisive in determining the cultural dominance of medicine's social relations ever after, should certainly serve to generate some interesting discussions. If the cultural status of the clinical encounter so empowered the medical profession, how then are we to explain the emergence of the "current crisis" in British medicine? Can reference to doctor-patient relations account for the present political-economic situation in health care?

It is, in part, precisely because such questions can be raised by this essay, that teachers will find it as invaluable as students will find it indispensable. But it is not only as a teaching resource in the history of medicine that it will be welcomed. The book fulfils its title, and can be recommended to anyone in search of an informative and stimulating introduction to the crucial interactions of medicine and culture since 1700.

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Kenneth C McKeown, *A tale of two citadels: memoirs of a surgeon and his times*, Edinburgh and Cambridge, The Pentland Press, 1994, pp. xiv, 276, illus., £17.50 (1-85821-208-1).

Autobiography is one of the temptations of retirement. Unhappily the urge to set down in print the story of a long and distinguished career ends often in treading again in pedestrian prose the long pathway to success and in re-living in uninspiring cliché country the triumphs of the earlier years. Kenneth McKeown possessed an enviable talent for operative surgery along with the ability to organize and inspire the team of doctors, nurses and secretaries working with him. He exploited with outstanding success the opportunity provided by the first and expansive phase of the National Health Service to bring an efficient consultant surgical service to areas of the country where it had been remote or non-existent. From the unpromising start of a small general practitioner hospital and a Nissen-hutted ex-RAF unit he established a surgical centre in a previously deprived area of Yorkshire which soon achieved a national reputation for its high standards. From this base which he had himself constructed he made a significant contribution to the surgical treatment of carcinoma of the oesophagus which brought him international recognition. It is a story worthy of a better record.

The imagery of the Two Citadels derives from A J Cronin's famous novel. The First Citadel was the stronghold of the medical elite in the major teaching hospitals which dominated the profession before the war and which Cronin perceived as stifling the initiative of the "outsiders". The Second Citadel is the politically inspired NHS management hierarchy which seeks to impose the culture of the market place in an area in which the personal relationship between doctor and patient is paramount. Between the two there were the good years of the Health Service, gilded by nostalgia. The author's intentions for readership are not entirely clear; the frequently recorded encounters with the great men of

surgery, or with those who might become great men, would be of interest only within the profession, but the surgical details are condescendingly described in lay terms. Gullet and digestive juices figure prominently. The historians of the NHS can learn something from this account of the enthusiasm which pervaded the early years but less from the chapters devoted to the present discontents. McKeown's views on the managerial revolution are predictable, although not for that reason misconceived; his comments on the current situation lack freshness for the good reason that his opinions are those of the great majority of his contemporaries. There are here many truthful reflections upon the nature of health care but they are essentially retrospective. New thinking cannot ignore these truths but they do not constitute a blue print for future construction.

David Innes Williams, London

Duncan Crewe, *Yellow Jack and the worm: British naval administration in the West Indies, 1739–1748*, Liverpool Historical Studies 9, Liverpool University Press, 1993, pp. xiii, 321, £17.50 (0-85323-267-9).

In his very detailed account of British naval administration in the West Indies during the war years of 1739–1748, when the navy dramatically increased its presence in Caribbean waters, Duncan Crewe has presented a picture of a paternalistic navy doing its best for its crews and ships whilst being mindful, but not overly so, of the need to economize. The book discusses the health care of sick sailors, and the provisioning and repair of ships. The West Indies station caused immense damage to both men and ships, yellow fever largely accounting for the former and the “worm” *teredo navalis*, which thrived in warm waters and ate its way through wooden hulls, for the latter.

Medical historians should find Crewe's data on health care useful, for they provide further empirical evidence that confirms recent work

on the commercial nature of eighteenth-century English medicine. The navy operated a mixed system of health care. Usually it put out to tender the daily care of its sick in the West Indies. The successful contractor had to provide medical men and nurses to care for the sick on shore, and also food and drink for the men, and their funerals if required. The contractor was reimbursed at an agreed daily rate per man and additionally for items such as funerals or for the extra cost of smallpox cases. When the cost of food, rum and wine was driven up by the war the contractors made heavy losses and although partly reimbursed by the navy they lost interest in the business. The navy, as N A M Rodger has pointed out in *The wooden world*, was the largest organization in eighteenth-century England and it is not surprising that it took direct charge of the shore care of the sick when it considered that the numbers of sick had become too great for any private contractor to cope with.

The sick were housed in a variety of places: in their own ships, in hospital ships, in the hospital houses at Port Royal that the navy had on short lets from local house owners and in the new purpose-built hospital (1744). A combination of the need to keep the sick securely locked up and so prevent them from deserting, which they did in large numbers from the hospital houses, and a wish to reduce the extraordinarily high death rate led to the creation of the hospital at New Greenwich. It failed to bring down mortality and the subsequent investigation of its failure illustrates the concern of the navy with the health of its men, the way in which laymen's opinions (navy captains') were given credence as well as those of navy surgeons, and the different reasons that were available to explain why the sick died or were discharged “invalid” in even greater numbers than in the hospital houses.

On a more general level the book confirms the view of the eighteenth-century British navy as generous in its supply of provisions for its crews and concerned to detect deterioration in the quality of the vast tonnage shipped to the West Indies. It also brings home to the reader