

Book Review

Mayumi Hayashi, *The Care of Older People: England and Japan, a Comparative Study*, London: Pickering and Chatto, 2013. Pp. ix + 291. £60/\$99. ISBN 978 184893 4177.

Comparative approaches in the history of health and welfare have increasingly moved away from the multi-country analyses favoured by political scientists, towards fewer cases and more fine-grained detail. E. P. Hennock on social insurance in England and Germany, and Paul Dutton on the health systems of France and the USA are recent examples. Through such work, explanatory models can be tested and augmented, and proper attention paid to the determining role of local and national administrative traditions. Mayumi Hayashi's history of the care of older people in England and Japan is a novel and welcome addition to this literature. Novel, because Anglo-Japanese comparison has hitherto been limited, probably due both to language barriers and to chronological asymmetries in economic and political trajectories. Welcome, because both countries face the policy challenge today of delivering security for ageing populations, and informed history should be a part of this discourse.

The book proceeds through a sequence of paired chapters, moving from national to regional political histories, and then to local cases where the implications of policy are played out within institutional walls. 'Care' is understood as social care and its locus is the buildings of the English Poor Law and their more diverse Japanese equivalents. The time-frame is principally the mid- and late-twentieth century, with the necessary backward glances to establish context, and the spatial focus is the county of Norfolk and Japanese prefecture of Gifu. British scholars will note the book's debt to Steven Cherry, whose regional knowledge has clearly given Hayashi a superb foundation.

The first two chapters set out the statutory framework for older people's residential care in the two countries. Here the central point of the comparison starts to emerge: England's adoption of a Poor Law, accompanied by its Victorian infrastructure, established an institutional basis for public welfare provision at an early stage. In Japan the state entered only in 1929, with a smattering of charitable almshouse care before this, and a dominant Confucian ethic of family obligation for domestic care of older relatives. The insufficiencies of this approach are captured in the term *obasuteyama* (literally 'granny dump mountain'), which functioned less as a descriptor of institutional life than as a metaphor for the neglect of 'useless' older people by undutiful kin.

The next chapters begin the regional studies. Here we see first how English Poor Law workhouses carried an inheritance of austerity through into the postwar welfare state. Local efforts to improve services were frustrated by government constraints, and community care emerged not as an enlightened alternative but as a necessary response to consistent under-resourcing. In Japan officials remained reluctant to develop public provision even after the legislative tools were in place, both from cost concerns and from a conservative attachment to notions of family duty. Here expansion took the form of growing public subventions for charitable almshouses. Only at the end of the century, with demographic imperatives undermining kinship obligation, did the prefecture fully enter the field. The experience of staff and residents of these places is explored in the final pair of chapters. The meanness of Poor Law hand-me-downs is apparent in English institutions, where uncomfortable dormitories, poor dietaries, and inadequate lavatories and heating systems are all

documented. In Japan some ethnographies tell a slightly different story, of residents who claimed autonomy and ownership over collective routines and religious practices. In both countries the century closed with greater private provision and the emergence of two tiers, with better facilities for wealthy inmates and meagre rations—still *obasuteyama*—for the rest.

In synthesising the comparison Hayashi argues that an enduring stigma associated with institutional care of older people is observable in both countries, and this lay at ‘the root of the problem’ (p. 177) of inadequate provision. This begs provocative questions, not least for British historians used to attributing the Poor Law stigma to Malthusian political economy rather than religious notions of filial piety. It would also have been interesting to see comparable time trends in economic growth and demographic patterns, before jettisoning structural readings in favour of culture. Nonetheless Hayashi’s explanation—a sort of cultural path dependence perhaps—provides an interesting signpost for future research.

All this makes for an important contribution, but some awkward questions remain. I raise them here not from lofty critical vantage but from scholarly solidarity, as they may also be levelled at my own work in this field. They arise because frail older people have complex welfare needs that cut across sectoral boundaries of provision, be they medical/social or public/voluntary/private. Unfortunately for historians they also cut across the boundaries of documentary archives.

First, Hayashi has relied on English Poor Law and local government sources, while her Japanese comparators originated as philanthropic almshouses. Where then are the English almshouses in her account? The lacuna is the more obvious in light of Nigel Goose and Leanne Moden’s 2010 history of Norwich’s Doughty’s Hospital, an in-depth study which develops parallel themes to Hayashi’s Japanese almshouse case, such as the role of religion and the intertwining of philanthropy with public policy. More generally, Norfolk seems unrepresentative, if as Hayashi asserts, plural provision only commenced there from the 1970s. After all, Peter Townsend found in 1958 that of the 2,993 homes and institutions in England and Wales, more than half were in the voluntary and private sectors (741 and 936 respectively).

A second conceptual challenge arises from Hayashi’s assumption that medical and social care can meaningfully be distinguished for the purposes of institutional analysis. In the English case this had, in theory, an administrative logic, with the house/infirmarium divide under the Poor Law and the transition to either local authority homes or NHS hospitals after 1948. As her data show, however, this distinction breaks down in practice, with several institutions retaining ‘joint’ functions, and other homes incorporating sick wards; the porous boundary with the NHS is breached entirely in her ‘local’ chapter, using interviews with NHS psychogeriatric staff from a mental hospital hitherto absent from the study. Useful references not cited here include the work of Jane Lewis and Paul Bridgen on the artificial and problematic nature of the health/social care boundary, and of Moira Martin (in this journal) who argued that the creation of geriatric medicine in the 1940s and 1950s was closely bound up with claims to resources by the early NHS. All this raises important concerns for the Japanese case. Here geriatrics only emerged in 1973: but why so much later, and what were the implications for social care? In the closing pages we learn that while Japan had comparatively low levels of residential care, by 1990 it had the longest hospital stays in the world due to older in-patients. All this implies that a comparative history of ‘care’ should encompass both the ‘medical’ and the ‘social’ if it is to be fully satisfactory.