

Gareth Millward, *Sick Note: A History of the British Welfare State*, Oxford: Oxford University Press, 2022. Pp. 256. £32.49 (hbk). ISBN: 978-0192865748.

The British welfare state is a behemoth, particularly in terms of historiography, with recurring sources and recognisable debates. However, using something as diminutive as a single bureaucratic object – the *Med 1* form, or sick note – Gareth Millward’s book delves inside the web of relations between government, medicine, the public and their health which have shaped the welfare state in Britain between 1948 and 2010. Its six empirical chapters are chronological, each built around a case study, but Millward does not simply reproduce the teleological rise and retreat of the welfare state, nor focus on iterations of top-down policy implementation. Instead, he interrogates the sick note as a contested medical testimony, one signifying competing meanings across the different parties which financed, consumed and gained from them over time. The resulting narrative hinges on exploring the fluid boundaries between medicine, social security and social policy which centre on individual economic productivity, fitness and employment.

Sick Note: A History of the British Welfare State is a logical continuation of Millward’s research interests, recognised and supported by the Wellcome Trust. His doctoral thesis explored disability, poverty and social security in Britain from the 1960s to the 1990s, transcending recognised analytical paradigms of modernity and equality through a meticulous triangulation of official and popular sources. His first book, *Vaccinating Britain: Mass Vaccination and the Public since the Second World War* was built around a series of contextual case studies examining the interaction between government, the medical profession, and plural publics in the realisation of public health developments through

technological advances. *Sick Note* ably combines these approaches and sources suggesting the sick note has endured as 'the least terrible solution that worked just well enough' (184). Foregrounding continuity and muddling through over change, the sick note 'could adapt to circumstances just well enough to remain relevant' which, he suggests, 'is, perhaps, the perfect metaphor for the welfare estate itself'.

It is not a social history of medicine from below. Rather, it is a history of policies constructed and contested around publics and their health. Millward cannot reach Roy Porter's ideal of the patient perspective, with their records precluded through closure and doctor-patient confidentiality (13), let alone problems of archival research during the Covid-19 pandemic. Similarly, whilst government, doctors, employers, employees and their antagonism over the policing of physical (in)capacity to work are the principal subject of the book, he does not treat such constituencies as undifferentiated, monolithic entities. Several public and private employers are compared, situating their differing attitudes towards employee sickness and the fit note in relation to their concerns with productivity, economic modernisation and workplace culture. Here, workforce feminisation, de-industrialisation and post-colonial transformations are carefully interwoven. Tensions abound within medicine and with doctors. General Practitioners (GPs), as family doctors, feature throughout given their responsibility for authorising sick notes, thereby enabling legitimate financial support. Millward grasps contradictions between the 'moral injury' of individual GPs cognisant of their decisions for families in poverty, and the high politics of the British Medical Association (BMA) focused on workload, remuneration and clinical autonomy. These being inextricable from government logics and their systemic anxieties about the 'moral desert' of malingering workers, subversion of medical assessments, and the gendered basis of the underlying

insurance ideal upholding and unequally diffusing the costs of sickness and social reproduction.

Part of *Sick Note's* strength is its diversity of sources and stories within the overarching narrative. Eschewing dependency on narrow official sources and archives which besets histories of policy, Millward builds stories through ephemeral material within such files, local and national press coverage, trades union and employer correspondence, digital sources and published periodicals. These paint thematic portraits across the book's chronological chapters which extend beyond the individual case studies. Despite this, the book focuses disproportionately on the first 30 years of the British welfare state given available archival sources. Coverage for the final two chapters – from 1997 to 2010 – comes at the expense of depth despite Millward being keen to emphasise continuities with the present. Self-conscious and restrained, his submerged arguments around the primacy of professional, political and public cultures of entitlement in state dynamics, rather than welfare provision and social benefits, could be surfaced further, especially considering his existing body of work.

Millward should, however, be commended for looking at health, welfare, medicine and the state in the round rather than a narrow, specialist lens. His book cuts across social, cultural, political and economic domains exploring how the boundaries of sickness, illness and capacity are shaped by productivist logics which provide legitimacy to gatekeeping of limited resources by both the state and society. Using something as small as a sick note, Millward is able – with much modesty – to mobilise far larger and lasting debates about relations between publics, medicine, welfare and the state in Britain.