

Book Reviews

The endurance of physical suffering without complaint was celebrated as a step towards the divine.

Ernst's close analysis of her sources enables her to retrieve a wealth of new details on Pietists' daily experiences of illness. However, her exclusive focus on materials written by Pietists, members of a tiny religious minority in Württemberg who often lived far from each other, makes it difficult to agree with some of her more generalizing claims. The most striking example is her discussion of Pietists' understanding of nature in chapter 8. After having extracted all possible meaning from her material, Ernst concludes that eighteenth-century Württemberg Pietists inhabited an "enchanted" world, and that, in contrast to non-Pietist society (which underwent a Weberian process of "disenchantment"), God's influence continued to be prominent as the explanation of all kinds of natural phenomena including, above all, disease.

This sweeping argument emphasizes the uniqueness of Pietist culture. It is, however, hardly convincing in light of recent research on eighteenth-century understanding of nature, which has underlined the continuity of theological interpretation of natural phenomena at all social and intellectual levels. Ernst is aware that Keith Thomas's old "disenchantment thesis" cannot be maintained, but her book does not offer any grand alternative.

The wider culture of eighteenth-century Württemberg in which the Pietists lived, and with which they interacted, remains unexplored. How useful it is then to paint a picture of a Pietists' culture in isolation? How (if at all) did Pietists' attitudes towards disease differ from those of their non-Pietist neighbours, for example? Or, how far did their understanding of natural phenomena reflect, or was shaped by, more general intellectual trends in Enlightenment society in Württemberg?

Despite these lingering questions, Ernst's study is a lasting contribution to an area that has previously been written too exclusively from the theological top down. She offers us an enormously detailed description of the

medical world of sick Pietists. In doing so she provides a pioneering contribution to how Pietists dealt with sickness, and shows how central this experience was for the construction of the Pietist faith itself.

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Alan Derickson, *Health security for all: dreams of universal health care in America*, Baltimore and London, Johns Hopkins University Press, 2005, pp. xii, 240, \$30.00, £20.00 (hardback 0-8018-8081-5).

Histories of America's health system are often couched as enquiries into separate development. Why, in the early twentieth century, did the United States not follow Germany and Britain in passing legislation to secure national health insurance? Why in the post-war period, did America's health provision—voluntary insurance for the many, with statutory protection limited to the elderly and poor—differ so markedly from that available in the welfare states of western Europe? And why at the turn of the millennium, when some 44 million citizens of the world's wealthiest country lacked insurance coverage, did the USA remain "alone among the developed nations" (p. 157) in eschewing universal access to health care? These are some of the questions which animate Alan Derickson's new study of health policy debates from the Progressive era to the Clinton presidency.

Of course, they are also familiar questions, and historians of social policy have generally understood the American *Sonderweg* in terms of the decisive role of interest groups in its political system. Explanations typically centre on the greater wealth and leverage of organized medicine and the insurance industry that allowed the status quo to see off the challenge of reformers. Meanwhile they, unlike their European equivalents, lacked the support of organized labour, which was more ambivalent about national health insurance. Beatrix Hoffmann's study of the Progressive moment, and Colin Gordon's authoritative survey of twentieth-century health care politics are key

recent works, and now Derickson provides a valuable addition to this literature, though one which takes a rather different approach.

The unique feature of the book is its focus on the goal of universalism, rather than the more narrow politics of national health insurance. This allows for greater consideration of other possible routes towards universal access, principally the chimera of voluntary insurance and the extension of publicly funded services. Here the book helpfully augments existing studies by bringing into view conservative thinkers who championed the former principle and those figures in the public health movement who favoured the latter. The theme of universalism also embraces the philosophical justifications for health care reform, which Derickson shows to be grounded in discourses of needs, efficiency, and rights. Broadly he argues that the reform impulse in the first half of the twentieth century was dominated by humanitarian concern with needs and the Progressive case for the health of the employed worker, but that this was superseded by arguments for health care as a right of citizenship, particularly following the civil rights era.

The discussion is organized chronologically and the principal methodology is the analysis of policy documents rather than of political events, which often pass by fleetingly. Readers will need to look elsewhere if seeking, for example, fuller detail of the passage of the Hill–Burton Act, which introduced federal support for hospitals and imposed an obligation on recipients to provide some free care. The uncoupling of policy statements from a political narrative is occasionally frustrating. It is fascinating to learn that members of the American Medical Association and of the Catholic Church have at times subscribed to universalism, but the representativeness and significance of these occasional voices is hard to gauge. The latter stages of the book engage more fully with *realpolitik*, when the opportunity for progress in the 1970s was squandered by division between those reformers who favoured wholesale change to the health system, and those prepared to accept more piecemeal gains. Derickson argues forcefully that the latter course was the only viable route towards improving access. At the

same time his reading of the place of universalism within policy debate since the 1970s suggests the scope for major change is severely limited: the heavy costs of the American system have forced the issue of cost containment, rather than population coverage, to the top of the health policy agenda. None the less, the author ends on an upbeat note, suggesting that the banner of universalism might yet provide a rallying point for a new coalition of the working poor, minority rights activists and reform intellectuals. It must be said, though, that the history he has recounted gives little hope that a new settlement for the uninsured is likely in the foreseeable future.

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Keir Waddington, *The bovine scourge: meat, tuberculosis and public health, 1850–1914*, Woodbridge, Boydell Press, 2006, pp. ix, 226, £50.00, \$85.00 (hardback 1-18483-193-7).

The discovery of bovine spongiform encephalopathy (BSE) and its link to human brain diseases in the 1980s dramatically highlighted issues relating to the safety of meat and the relationship between animal and human disease. Yet these issues were not new. As Keir Waddington points out, concerns about the effects of this disease on humans were a major public health issue a hundred years before.

Waddington uses medical and veterinary texts to examine the scientific understanding of the transmission of bovine tuberculosis to humans. He investigates the role of the German bacteriologist Robert Koch, whose identification of the tubercle bacillus in 1882 confirmed the previously suspected danger of consuming products of diseased livestock, and discusses the impact of Koch's pronouncement at the British Congress on Tuberculosis in 1901 that bovine tuberculosis was different from the human variety and did not threaten human health. The main effect of this pronouncement appeared to have been a heightened determination in Britain to prove such a link, leading to what Waddington