

structural causes of ill health—poverty and inequality—while never fully relinquishing racial explanations of the diseases suffered by specific indigenous groups.

The book makes a valuable contribution to the subject, but is published prematurely. It is marred by some looseness of expression: for example (p. 76): “If people in Bolivia were eager to disassociate themselves from the Indians, from the poor . . .”, were the Indians and the poor not people? More significantly, it is regrettable that the author follows the social history conventions of the 1980s in dismissing “the older institutional history” (p. 14) so lightly and so casually. Had she shown more alertness to it, she would have used such terms as “democracy”, “oligarchy”, “authoritarianism” and especially “populism” with more care and rigour, and to sharper effect. She would also display a more nuanced grasp of complex relationships between branches of government, especially at national, provincial and local levels. A greater alertness to recent literature on social policy would also have helped considerably.

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Viviane Quirke, *Collaboration in the pharmaceutical industry: changing relationships in Britain and France, 1935–1965*, Routledge Studies in the History of Science, Technology and Medicine, London, Routledge, 2008, pp. x, 365, illus., £60.00 (hardback 978-0-415-30982-0).

The pharmaceutical industry presents particular obstacles to the historian. Unlike great men affiliated with universities, government, or other public institutions, drug companies and corporate functionaries do not generally leave behind ample archival records open to scholars. Encouraging impartial exploration of their past activities seldom fits with corporate interests; and when it does, in addition to allowing access to selected records, the firms often involve themselves in the

production of the historical work. Some of the best drug history is therefore, by necessity, based mainly on the records of outsiders, such as bodies regulating or otherwise observing the industry (for example, Harry Marks’ *Progress of experiment*, Cambridge University Press, 1997), or on the records of independent scientists related to drug firms through consultancy arrangements (for example, John Swann’s *Academic scientists and the pharmaceutical industry*, Baltimore, 1988).

Quirke’s comparative study makes a noble effort to overcome the source problem, drawing on a range of material from public, academic, and even corporate archives to characterize the contributions of elite scientists to commercial drug discovery in Britain and France before and after the Second World War. The French sections deal mainly with the laboratory of Ernest Fourneau at the Pasteur Institute, source of many important products introduced by Rhône-Poulenc in the 1930s and 1940s, including several sulfa drugs and the series of synthetic anti-histamines that began with phenbenzamine (Antergan) and led after the war to chlorpromazine (Largactil/Thorazine), famous as the first “anti-psychotic” and “tranquillizer”. The British sections offer a less focused look at several drug firms and products. No doubt this partly reflects the less centralized nature of British pharmacology and related fields, particularly before the war, but it also may reflect limitations of the sources, as the narrative from that period seems to be drawn largely from government and academic archives, and key examples serving to describe drug development, such as insulin and penicillin, were drugs in which government (the MRC) involved itself.

In both countries the overall picture painted by Quirke, for the period up to the early war years, is one of fairly widespread, informally and individually arranged collaborations between drug firms and elite scientists seeking funding and/or medical applications for their research. After the war, in both countries government inserted itself into the equation by funding science on an unprecedented scale,

leading to a valorization of “basic” research and a schism between academic science and the drug industry (which hired many more scientists and internalized their own “R & D pipelines”). The three actors in today’s familiar “triple helix” thus took on distinct identities and division of labour. The apparent post-war schism, however, reflected mainly the formal, public face of universities and state science agencies; behind the scenes at the “grassroots” level, many scientists continued the same type of consultancies and pre-clinical project collaborations with drug firms as before the war.

This measure of continuity in collaborations between drug firms in both countries and pre-clinical researchers is contrasted with the situation with clinical researchers. The post-war period, we are told, saw the rise of a new type of clinical collaborator, such as Henri Laborit, who contributed greatly to Rhône-Poulenc’s development and early testing of chlorpromazine, and Michael Johnstone, who worked closely with ICI in the early testing and marketing of its Halothane anaesthetic. Before the war respectable clinical researchers did not work so closely with drug firms, according to Quirke. Here I would have to question whether the evidence really justifies such a conclusion, since the researcher-corporation arrangements surrounding the clinical testing of pre-war drugs, for instance the sulfa Septoplix, or Antergan, are not examined in sufficient detail for comparison. In the United States during the 1930s, I have found that many eminent medical academics worked closely with drug firms, both in running clinical trials designed by the firm and in more intimate “friendly expert”, consulting-type relationships. They simply did not advertise that closeness. But this quibble is not entirely fair to this fine, readable book, since, in concluding, Quirke herself calls for more research on the history of clinical collaboration.

That Britain and France have so much in common, regarding the pre-war style of pre-clinical collaboration and its post-war transformation, is itself an important finding

of this book. And it offers “much more than discussed here, such as stimulating discussions of the war’s impact on the scientific institutions of Britain and France, and the political functions of post-war rhetoric of scientific decline on both sides of the Channel. Historians of medicine and of science may find the book a little frustrating for its limited detail on the clinical context and the internal logic of the drug development stories. However, given the inevitable trade-off of detail against brevity and scope, this may have been a wise choice. With its accessible style the book is likely to appeal to a wide range of historians, and business and policy scholars also.

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Timothy Boon, *Films of fact: a history of science in documentary films and television*, London and New York, Wallflower Press, 2008, pp. xi, 312, illus., £16.99 (paperback 978-1-905674-37-4).

Films of fact by Timothy Boon mends what, up to now, has been a gaping hole in both history of science and media studies—an examination of the specific historical circumstances that determined how, in the twentieth century, science, technology, and medicine were presented to the British public in the form of the moving picture. Boon is Chief Curator at the Science Museum, London, and has published extensively on science, technology, medicine, and film. He persuasively argues that any appreciation of the contemporary public understanding of science requires knowledge of the specific circumstances directing the century-long liaison between science and the moving picture. His book amply demonstrates the intricacies of that two-way relationship as played out in twentieth-century Britain. *Films of fact* is structured chronologically, beginning with the one-minute film, *Cheese mites*, first shown in London in 1903 and proceeding