

there is the universal public provision of medical care. It is a broader definition than Rosen apparently used, and broader than some in public health would recognize. The clearest example of that focus is the book's longest chapter 'Conditional citizenship: the new political economy of health', the history of recent attempts, successful and unsuccessful, toward universal medical care. "Collective action" here refers mostly to the actions of national states, though it is not clear that "state" and "public" can be used interchangeably. "Population" is also troublesome, for clearly in some cases—particularly the new public health described in the last chapter—effects on populations come only by imposing exacting disciplines on individuals. This is "collective action" in an empirical sense surely, but it comes close to bringing all medicine into public health.

The book's strengths are its later chapters—Porter's home territory. Much in the earlier chapters reflects the incompatible demands of synthesis and comprehensiveness. On the one hand the book's impact is blunted by attempts to include; on the other it remains open to complaint that the treatment is not comprehensive enough—chronologically, topically, or geographically (particularly in the case of the latter, reliance on sources in English exacerbates the problem). Coverage of the period prior to 1800, which Elizabeth Fee singled out as a problem in Rosen's text, is even more problematic here: the first three chapters cover too quickly too many disparate topics in too many times and places. Some will be bothered that occupational and environmental health get little coverage, that more is said about opposition to vaccination than about the conquest of smallpox, or that tuberculosis is relegated to the last chapter and nutrition neglected, or any number of other issues. And the European focus leaves out southern and eastern Europe most of the time.

It is not clear that this book will succeed

as a text. It reflects a field in flux; an exciting state for a researcher, but a frustrating situation for the student. Although chapters are broken into sections, the intra- (and sometimes inter-) chapter organization is not always transparent, and on very many topics given teachers and students will surely want much more (or much less). Nor has Routledge done much to make the book attractive (though the chapter by chapter bibliographies will be useful). Several misspelled names and other typos mar the text. A longer and more comprehensive book or a shorter analysis would probably have been more successful. It is as a synthesis that the book will be most important; albeit, perhaps, a premature one. But one need not accept Porter's story as the final word to accept with giddy delight the invitation to think synthetically about the field, something that hitherto has been unavailable to public health historians.

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James Le Fanu, *The rise and fall of modern medicine*, London, Little, Brown, 1999, pp. xxi, 490, illus., £20 (hardback 0-316-64836-1).

James Le Fanu is a medical journalist with (according to the publisher) a "huge popular following". His account of the rise of modern medicine follows a well-trodden path, along which he selects a number of "definitive moments". Some of his choices are curious or obscure. Penicillin, cortisone, open heart surgery, new hips for old, transplanted kidneys and test tube babies are plain enough. "Streptomycin, smoking and Sir Austin Bradford Hill" is perhaps the best way of making the intelligent use of statistics sound exciting. "The triumph of

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prevention—the case of strokes” is an optimistic view of the development of hypotensive agents. Most surprisingly, the contraceptive pill is not included as a “definitive moment”, though it has perhaps done more for human welfare and happiness than any other discovery of the century. Some small errors in chemistry do not spoil any of the excitement of these stories.

The rise ended with the dearth of new drugs and the failings of technology. The fall came, according to Le Fanu, with two kinds of research, genetics and epidemiology, which have not justified the enormous effort put into them. He suggests that the introduction of genes into novel environments, the understanding of the genetic disorder in hereditary diseases, and attempts to transplant genes have contributed very limitedly to human benefit, and he argues that these activities could not be expected to contribute much. Likewise he is highly critical of opinions that an unhealthy lifestyle or faulty diets have much to do with heart disease and cancer.

Committed advocates will no doubt disagree with his judgements, but what he writes deserves serious thought. Not only medical literature but public opinion has become riddled with correlations sloppily regarded as causes without a shred of supporting analysis.

Le Fanu recognizes four paradoxes, which he neatly labels “Disillusioned doctors”, “The Worried Well”, “The Soaring Popularity of Alternative Medicine” and “The Spiralling Costs of Health Care”, all of which are indeed of much concern today. He inclines to the view that medicine will continue to develop its technical skills and augment the problems which already exist, and that these scenarios will get worse. What ought to happen, he suggests, is an independent inquiry powerful enough to slay his two rampant dragons, the “intellectual falsehoods of The Social Theory” and the “intellectual pretensions of The New Genetics”. Also, the ideology of

progress should be laid low, the public and the profession disabused of the idea that all progress is good, and medicine should be relocated “within that tradition so eloquently evoked by Sir William Osler”. It would be interesting to bring Osler to life and see how he handled today’s medical resources.

Surely this is far too simple a solution, although anything which leads to more respect for patients by doctors is welcome. The “rise of medicine” did much to dehumanize medical practice, to see patients as bits of physiological machinery brought in for investigation, or raw material for the display of surgical brilliance. But that amorphous entity “the public” has always welcomed every talk of a new cure, and the media leap at every chance to please its hopes, and also rouse its fears. Le Fanu wisely expects all the pressures from outside medicine to go on or increase. How depressing! Is there no remedy for the consequences of progress?

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Robert A Aronowitz, *Making sense of illness: science, society, and disease*, Cambridge History of Medicine series, Cambridge University Press, 1998 pp. xii, 267, £30.00, \$29.95 (hardback 0-521-55234-6), £11.95, \$17.95 (paperback 0-521-55825-5).

The title may appear to be somewhat of a misnomer, Aronowitz being concerned less with the patient’s own response to an illness, or to an illness’s diagnosis, than with the disease’s nosological status within the doctor’s system of classification: with professional conflicts over the style of medical practice, its specialization and the role of new