studies on the doctor-patient encounter, Robert Veatch defends the role that philosophy and theology have had in bioethical discourse and decision-making since the 1960s. Intermediate positions are developed by Alexander Capron ("socially situated, interdisciplinary medical ethics that seeks to protect professional judgement") and by Stephen Latham and Linda Emanuel, who emphasize that the very term "pro-fession" means literally "speaking-forth" or an avowal, which implies the doctor's commitment to the community and the prevailing social ethic. In a similar vein Charles Rosenberg urges that ethics in medicine must focus on the tension between "the structural and the individual", and Paul Root Wolpe, from a discussion of alternative medicine, points to the cultural contexts of medical practice.

In chapters on the future of biomedical ethics Albert Jonsen and Arthur Caplan agree that widespread genetic testing and new genetic therapies will pose major challenges to the concept of patient autonomy. Yet, from a global perspective, as Florencia Luna and George Annas remind us, much work still remains to be done to establish respect for patient autonomy in the first place as a safeguard against doctors' involvement in human rights abuses. Doctors' obligation to the individual patient as expressed in the AMA Code will thus remain highly relevant.

On the whole this volume gives a good example of how a discussion of the history of medical ethics can provide the grounding for a well-informed debate on present and future problems in professional ethics and health care.

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Virginia Berridge, *Health and society in Britain since 1939*, New Studies in Economic and Social History, Cambridge University Press, 1999, pp. viii, 133, £19.95, $39.95 (hardback 0-521-57230-4), £7.95, $13.95 (paperback 0-521-57641-5).

This book reviews data and sources on change in health services and the wider environment since 1945. Most welcome is the critical study of contrasting conclusions and approaches and the broadening of the debate to cover issues about change in professions and in public attitudes to health. The NHS appears more as reacting to forces outside its control than as shaping society's response to health issues.

The book combines chronological history with focus on themes, opening up the period from the 1950s to the 1990s as "virgin territory for health historians". The introduction has a useful summary of demography which stresses the effect of reduced fertility and lower infant mortality rather than ageing itself in reducing the population balance. The book continues with a review of the impact of the Second World War on health. This showed decline in the first half of the war and improvement in the second half: but war did not create any consensus on health policy and it was left to Bevan to create a new dynamic through the nationalization of the hospitals and the exclusion of both local government and insurance interests from health services. This left a service in which neither consumers nor local democracy had much power. "The insurance-based systems established in other countries at the same time may have been more expensive, but they also gave greater influence to workers in maintaining the standard of service."

The account of 1948–74 is the best in the book. There is a particularly useful description of how different client groups fared with a strong drive to bring childbirth into hospital and with no clear policy lines at the end of the lifespan. Elderly patients emerge as the clearest losers from this period with slowness to develop effective community care. There is a good account of change in profession with the decline of the medical

officer of health and the failure to develop an attractive vision of nursing in the future. Telling too is the section on the rise of environmentalism and the de-regulation of personal life with the coming of the pill.

For 1974 to the 1990s the account of the main health policy drama of the 1990 reforms misses out on the crucial role of fund-holding reflecting perhaps a lack of focus of the role of primary care throughout the book. The review of new developments such as the campaign against AIDS and the contribution of the Acheson Report to reviving public health are useful. The eroding power base of medicine is well described, as are the rise in consumerism and new approaches in health promotion. As in the earlier phase there is little information on the very considerable regional factors in the NHS, with the North West and Wessex acting as regional leaders.

The book includes a useful bibliography with comments on sources. This could have been better organized and is certainly not comprehensive with some preference for middle of the road sources. The author would appear to have a blind spot for radicals whether of left or right. The works of Enoch Powell, Lees and Buchanan surely deserve some attention, together with those of Abel Smith, Doyal and Iliffe. This book deserves a place on seminar reading lists throughout the land and will provide a good trigger for discussions: but it would be best taken in conjunction with the *British Medical Journal* volume *Our NHS: a celebration of 50 years*, which supplies personal accounts by key participants across all the wider health areas—and which generally provides a far more critical and personal picture of the NHS (G Macpherson (ed.), *Our NHS: a celebration of 50 years*, BMJ Press, 1998). In protecting the students from shocks, Virginia Berridge may also have deprived them of some feeling for commitment.

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Mark W Weatherall, *Gentlemen, scientists and doctors: medicine at Cambridge 1800–1940*, History of the University of Cambridge Texts and Studies 3, Woodbridge, Boydell Press in association with Cambridge University Library, 2000, pp. x, 341, £50.00, $90.00 (hardback 0-85115-681-9).

At the turn of the twenty-first century, in an age of big science, Cambridge University occupies the high-tech end of medical science. This seems natural: medicine has become high science, appropriately situated in a university campus with a research hospital attached. Mark Weatherall's history of medical education at Cambridge between 1800 and 1940 shows how recently this seemingly "natural" relationship was established.

In the early nineteenth century, medically minded young men went to Cambridge to gain a liberal education appropriate for physicians to the gentry. Then they moved to London to acquire clinical experience, which the small charity hospital, Addenbrooke's, could not provide in Cambridge. Scurrilous poems mocked the ignorance of the regius professors: "Sir Isaac, Sir Busick;/Sir Busick, Sir Isaac;/ 'Twould make you and I sick/To taste their physick."

By the mid-nineteenth century, things began to change. The sciences began to claim a prominent place in the general, liberal arts curriculum, with the introduction of the science tripos in the 1840s. The London hospitals were setting new standards for practical medical knowledge which Cambridge could no longer ignore. Colleges began to offer scholarships to attract students. Trinity College appointed the outstanding experimental physiologist, Michael Foster, to teach natural science. From this position, Foster built up the pre-clinical science departments across the University and taught modern experimentalism to students. (His lectures were less successful: "the