be variable. Some groups remained isolated and therefore relatively healthy because of limited contact with these Aboriginal contacts. Hackett suggests that contact was limited by geography and by fear of warfare. One wonders if contact was not in fact limited by a fear of disease! But there is little human agency in this study of epidemics.

Hackett's study is influenced by American anthropologist Henry Dobyns' *Their number become thinned*, although Hackett does not engage some of Dobyns' more controversial conclusions regarding the size of pre-contact (1492) populations in the Americas. Dobyns argues that the spread of epidemic disease in the Americas was often through Aboriginal contacts, thereby outstripping the direct influence of Europeans themselves. Thus, according to Dobyns, historic Aboriginal populations that were eventually encountered by those who kept records had already suffered considerable population loss. They were mere vestiges of once larger groups, leading Dobyns to increase significantly estimates of pre-contact populations in the Americas. Indeed, Hackett rarely comments on population changes in his study, which seems rather remarkable considering the thrust of his argument is that there were continued and increasingly deadly epidemics throughout the period. Perhaps wisely, Hackett refuses to extrapolate (as Dobyns and others have done) from scanty and unreliable records. But the reader is left to wonder as to the impact of these diseases on the people he purports to study.

Aboriginal people are silent victims in Hackett's study. In the last chapter 'The epidemics of 1846' Hackett attempts some analysis of the impact of disease on Aboriginal people. He suggests that those who turned to the fur trade posts for comfort and medicine had a chance of recovering from their condition; those who relied on Aboriginal medicine did not. Hackett bases this conclusion on one report of one Hudson's Bay Company trader (pp. 232–3). That Hackett accepts this conclusion at face value without analysing its self-serving nature is characteristic of the whole study. This is a study of disease, not of its victims. Moreover, it skews the history of Aboriginal people. They are denied the human agency to respond to their condition; their fate is sealed by larger forces. Hackett's study perpetuates colonial images of Aboriginal people as doomed and dying. Constructions of Aboriginal people as fundamentally unwell and unable to withstand the rigours of change provided incoming colonial governments with the justification to deny them their lands and livelihoods. Today Canadian Aboriginal people continue to struggle to reclaim their lands, their resources and their own history.

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Nikolai Krementsov, *The cure: a story of cancer and politics from the annals of the cold war*, University of Chicago Press, 2002, pp. xvi, 261, illus., £16.50, US$26.00 (hardback 0-226-45284-0).

Part political thriller, part love story, Krementsov's account of a failed and now little remembered cancer therapy is a gripping read. The popular and accessible style of *The cure* and its considerable meditations on the romantic lives and attractions between the tale's chief protagonists, Russian scientists Nina Kliueva and Grigorii Roskin, certainly give the book an appeal beyond an historical audience; none the less, this *is* good history of medicine. *The cure* offers a solidly-researched, well-written account of the relationship of medicine and disease to wider social and political events and networks. It is, moreover, a particularly welcome addition to the literature on the history of cancer research and therapy, and more generally to the history of laboratory-based clinical research and its relationship to clinical practice.

Accounts of how post-Second World War and Cold War politics affected the development of experimental biology and experimental medicine in the US are quite numerous, but few consider the USSR in any depth. Work on Soviet science has, furthermore, tended to focus on the politics surrounding Sputnik or Lysenkoism; as such the world of Soviet

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microbiology and medical research cultures described in the pages of *The cure* is all the more interesting as most know so little of it. The co-constructed nature of science and culture is all too seldom discussed with such texture and nuance. Through his analysis of the lives and work of Kliueva and Roskin, Krementsov weaves the international and national politics of the Cold War with the local politics of a newly established medical research institute and relates all to a wider, somewhat combative, medical research scene. His account of the rise and fall of the pair under Joseph Stalin, followed by their subsequent rise to grace under Nikita Khrushchev, speaks starkly of the ways in which work deemed politically important was brought into the centre of political life in the USSR, and, as such, suffered terribly through the vacillations of policy and the whims of its leaders.

As part of the history of cancer research *The cure* works well too. Although analysis of failed innovation has for several years found a place within the history of medicine, most accounts deal in description and analysis of success and therapeutic transformation; but the history of cancer research *is* positively littered with failed innovation and unrealized breakthroughs, few of which have been documented by historians. The volume of medical and scientific work on cancer in the post-war era is staggering, so historians wishing to discuss this period would do well to overcome their squeamishness surrounding failure, and begin to find meaningful ways to discuss the nature and characteristics of work in a field where significant breakthroughs held the promise of almost incredible adulation and success (especially given the reputation of cancer as a scourge of the civilized world) but which were, due to the terrible intractability of the illness, very unlikely to be realized.

For Krementsov, however, the excitement and frustrations of cancer research merely reflect the bitter-sweet realities of scientific practice and our perceptions of it: ''We tend to focus on successes, but spectacular success is a rare event in science. A much larger portion of scientific research never makes it into the public arena, and each rare success is based on—and impossible without—many hundreds of routine experiments and trials that go unnoticed by the public and are often regarded as failures. Yet in a way, the story of these 'failures' is often more realistic and ennobling than the rare triumphal tale.''

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Jacqueline Jenkinson, *Scotland's health 1919–1948*, Studies in the History of Medicine, vol. 2, Oxford and Bern, Peter Lang, 2002, pp. 506, £42.00, €64.60 US$60.95 (paperback 3-906768-34-1)

The story of the evolution of state medical services in Britain in the years between the world wars has been made familiar by the work of a number of historians. However, what is best known is the action as it took place ''centre stage''. The attention of historians has been drawn almost exclusively to the evolution of the new services as they were introduced for the large and relatively healthy (according to the Prime Minister, Stanley Baldwin) population of England and Wales and to the creation of a central health bureaucracy in the Ministry of Health in London. North of the border the action was different and, although it has escaped the limelight, it brought exceptional experience that was to have its influence on the later development of services in the United Kingdom.

Scotland's relatively small population presented with particular intensity the problems that the new British state services were intended to meet. The great majority of the Scottish people, the industrial population concentrated in the country's central belt, suffered more severely than any other section of Britain's population from the health consequences of urban poverty. In sharp contrast, a second population, with excellent standards of health but cash poor, scattered widely over the vast and difficult geographical area of the Highlands and Islands, lived remote from existing and potential providers of medical services. To serve these disparate sets of problems an autonomous