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ethical choices—but it raises challenges that have not been fully solved. The result creates an asymmetry. The earlier chapters include accounts of how each of the four main scientists discussed responded to National Socialism and fared under the Nazi state—Wertheimer and Goldstein were prominent members of the intellectual migration. The last chapter, however, attempts to examine “wholeness” as a value across a very broad front of biology and medicine, and indeed to ask whether the value was in some way contributory to the events of 1933–45, not least with murderous medicine. Not surprisingly, the discussion loses the focus of the earlier intellectual biographies; for instance, it tries to deal with crass Nazi slogans, with the opportunism of individuals who promoted themselves as Nazi biologists, and it enters into the deeply emotive debate about the role of particular scientists or physicians (the psychosomatic physician Viktor von Weizsäcker is the principal case here). There is an enormous literature on all of this, and “wholeness” does not perhaps serve well as a guiding thread. The last chapter is intended to show that the value of “wholeness” became entwined with diverse political agendas. But one would not, I think, expect a one-to-one correlation between a particular philosophical value and a particular politics. More deeply, any assessment of the relation of philosophies of life to political processes raises perfectly general questions about science and values which tend to get lost when discussed in relation to the special horrors of the Third Reich. Thus, in the earlier chapters, an uneasy question is left unaddressed about the elitist values of scholars, an elitism exemplified by the opinions of the aristocratic von Uexküll, who welcomed the fall of Weimar. Elitism was also evident, though of course differently expressed, in Goldstein’s socialism. This suggests questions, not about what happened in 1933–45, but about what links particular conceptions of scientific truth, and the access to truth by only a restricted number of scholars, and undemocratic values before (and after).

Historians, physicians and students will all value this book, and it ought to be force-fed to

anyone who fancies the word “holism”. It makes accessible to English-language readers, in a quietly informed history, a central body of writings in the struggle to sustain an idealist philosophical anthropology of man in the face of both technology and mass society. By linking biography and cultural history, it raises many questions about the ambivalent politics of that struggle.

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Rosa María Medina Doménech, *¿Curar el cáncer? Los orígenes de la radioterapia española en el primer tercio del siglo XX*, Universidad de Granada, 1996, pp. 303, no price given (84-338-2176-8).

In this work Rosa María Medina sets out to analyse the origins of Spanish radiotherapy at the beginning of the twentieth century by breaking down the barriers between knowledge, profession and society. She largely achieves this thanks to her confident handling of sources and through using novel approaches to scientific rhetoric, sociology of the professions and medical specialization.

During the three decades which the author studies in great detail, Spanish radiologists were able to establish an ambit of work covering both therapeutic and diagnostic aspects, which, at least at first, relied on other more established disciplines such as therapeutics, electrolgy and hydrology. However, they did not achieve official recognition as specialists nor were they able to establish an ideal kind of radiotherapist. These achievements depended on the campaign against cancer, which like other health campaigns, was being launched in Spain at the time. Radiotherapists presented cancer as curable and wanted to establish a monopoly; this caused disagreements with surgeons, and especially, gynaecologists. Attempts were made to create a demand over which a monopoly could be established but, though there were frequent claims that this demand was high, it did not, in fact, grow. For this

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reason, one of the main objectives of the cancer campaign, the medicalization of the population, was not achieved and it was the underprivileged who were the hardest hit.

Radiotherapy and radiodiagnosis started to create their own related areas of research and teaching based, above all, on the cure for cancer which they promised. They also created professional associations, although these, as such, did not participate in the anti-cancer fight, because their corporative interests were far removed from social concerns. In-depth study of what was happening in Madrid, Barcelona and Granada reveals similar aspirations developing into different organizational structures.

One especially relevant conclusion is the absence of concern among Spanish radiotherapists for protection against the use of techniques which could clearly be harmful.

The work would have benefited from an introduction which prepared the reader better for what follows. The proliferation of references to the key figures who established radiography in Spain is handled well with a very useful appendix. Somewhat harder to understand for the reader unfamiliar with radiography are certain very detailed passages on techniques and equipment.

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Virginia Berridge, *AIDS in the UK: the making of policy, 1981–1994*, Oxford University Press, 1996, pp. xiv, 389, £45.00 (hardback 0-19-820472-8), £12.99 (paperback 0-19-820473-6).

Caroline Hannaway, Victoria A Harden, John Parascandola (eds), *AIDS and the public debate*, Amsterdam and Oxford, IOS Press; Tokyo, Ohmsha, 1995, pp. vii, 216, \$70.00 (90-5199-190-8 IOS Press) (4-274-9001304 Ohmsha).

These volumes, each in a different way, set new standards for research and writing in the

contemporary history of medicine and health policy. Berridge's book and the papers that Hannaway and her colleagues commissioned address questions that are pertinent to people who participated in the events that are the subject of historical analysis. Moreover, they address such questions with evidence from a full range of contemporary sources; including, in Berridge's work, interviews with a substantial number of people about the same events and, in Hannaway's collection, autobiography.

Historians who write about the contemporary history of medicine and health policy have too often addressed questions derived by analogy from past historiography and relied heavily on published primary sources. As a result, the best contemporary history of medicine and health policy has been written by journalists, policy analysts and political scientists.

Berridge's book is the most exhaustive and persuasive study to date of policy making for the AIDS/HIV epidemic in any country. The Nuffield Provincial Hospitals Trust funded this research on what Berridge calls "history in the making". As a result of industrious interviewing and reading over more than half a decade, she and her late colleague, Phil Strong, acquired extraordinary knowledge of the politics of policy making for the epidemic in the UK.

Berridge identifies "four phases of response" to AIDS. From the early 1980s to late 1985, new "groups (gays in particular) outside the normal policy-making circles were drawn into positions of policy influence". The years 1986–87 were characterized by public and dramatic intervention by politicians and their "mobilization of the mass media", on the analogy of a "wartime emergency". A third phase in 1987–89 was characterized by "normalization and professionalization of the disease". The fourth phase is more difficult to characterize. She calls it "to some extent . . . a new politicization" around particular issues of prevention and treatment. If she were writing now she might add yet another phase, the response to the apparent effectiveness of protease inhibitors in treating the disease in some patients.