

during the interwar Britain, casts new light upon the history of nutrition during the “hungry thirties”. Martin Franc shows that in Czechoslovakia the state was concerned about the rising incidence of obesity from the end of rationing in 1953. Finally, Ulrike Thoms presents an interesting comparison of obesity in East and West Germany, 1945–89.

In the last chapter, Oddy and Atkins discuss the problem of defining historical trends in obesity and comparing countries. But despite the Kjærnes and Døving chapter they conclude the book with the pessimistic assertion that because of vested interests such as food industries, policy makers have little to offer the modern obesity problem.

In conclusion, the quality of the papers in this book is uneven, but it remains a useful volume for anyone interested in the history of obesity, or European food history in the twentieth century.

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Alun Roberts, *The Welsh National School of Medicine 1893–1931: the Cardiff years*, Cardiff, University of Wales Press, 2008, pp. xxiv, 389, illus., £55.00 (hardback 978-0-7083-2174-4).

Welsh medical education has been poorly served by historians, something which was partly rectified in the three volumes on the history of Welsh universities published by Williams and Morgan in the 1990s. While Alun Roberts claims that these gave proper treatment to the history of the medical school, Williams suggested that the Welsh School of Medicine deserved a separate history. Roberts, a former registrar of the school and a trained historian, took up the challenge.

The Cardiff Medical School, as it was originally known, was established in 1893, ten years after the creation of the University College

of South Wales and Monmouthshire. Arguments put forward in support of this included the economic, linguistic and moral advantages of providing medical education for Welsh students at home. In the early years the school offered pre-clinical training only. It was shaped by advice from Sir Donald MacAlister, principal of Glasgow University and chairman of the GMC, and Sir William Osler, with the latter advocating a clinical unit structure modelled on that adopted at Johns Hopkins. While this led to Rockefeller Foundation support in the 1920s, it also exacerbated tensions within the medical and university communities.

One of the strengths of the book is the way in which it analyses these clashes. As the *Western Mail* observed in 1927, “Complication follows complication in the efforts to lift the Welsh National School of Medicine from the arena of controversy.” As happened elsewhere, there were bitter disputes over the threat to private practice posed by part-time academic appointments, and the struggle for clinical control between professors and hospital clinicians. The 1920s were also marked by constitutional wrangles between the school and local hospital managers. A further complication came with the territorial disputes between Cardiff and North Wales, and the debates as to what constituted a national school. Roberts tackles all of these issues with clarity and balance.

At the same time, he never loses sight of the individuals for whom the school was established. Chapter 9 examines the family, educational and social backgrounds of the students and outlines the subsequent careers of sixty of the sixty-four who graduated between 1916 and 1931. One of the most interesting statistics is the fact that only 3 per cent of the students were domiciled in North Wales; rather than journey to Cardiff, it seems that they preferred to study in Liverpool.

Alun Roberts has written an unashamedly old-fashioned narrative history, a “biography of

an institution” as he describes it in the preface—and it is none the worse for that. He writes clearly and sustains the story with meticulous footnotes, though at times the essential clarity of the text is swamped by detail. Extended biographical sketches often interrupt the flow of the narrative but do flesh out what is clearly intended as a tribute to Welsh medicine. While much of the information is useful, there are times when a good copy editor might have tempered Roberts’ enthusiasm. Did we really need to know of (Sir) Ewen Maclean, appointed “professor extraordinary” of obstetrics in 1921, that “[h]is nephew in due course achieved notoriety as the spy Donald Maclean”? Despite such minor cavils, this is a worthwhile contribution to the historiography of medical education in Britain.

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Shifra Shvarts, *Health and Zionism: the Israeli health care system, 1948–60*, Rochester Studies in Medical History, Rochester, NY, University of Rochester Press, and Woodbridge, Suffolk, Boydell and Brewer, 2009, pp. xxi, 322, illus., £45.00, \$80.00 (hardback 978-1-58046-279-2).

In this major new contribution to health systems history Shifra Shvarts sets the making of health services in Israel against the coming of statehood. The time frame of the book is short, but of fundamental significance to the form the Israeli health system was to take. Her earlier work has already laid the foundations, with a study of Kupat Holim, the workers’ health insurance fund which dominated the financing and provision of Eretz Israel’s health care in the interwar period. In the introduction she recapitulates these findings before proceeding to an account which charts the failure of

policy-makers to push through their preferred model of health service organization. The result, she stresses, was to leave Israel with its pluralist structure, which satisfied some interest groups but delayed universal coverage and instilled enduring “performance problems” (p. xii).

By necessity health care before 1948 had been the remit of civil society organizations, Kupat Holim, the minor sick funds and Hadassah, a provider financed by American philanthropy. However, statehood, war and mass immigration pushed the government into the field, with a military medical service and a new Ministry of Health. The policy question was therefore whether to nationalize the pre-existing services, as was done with education, or to embrace a mixed economy combining public and third sectors. The champion of the state as principal agent was Chaim Sheba, who, as director general of the Ministry of Health in 1950, advocated a service “based on the British system” (p. 148). David Ben-Gurion was also supportive, regarding pluralism as financially wasteful and inefficient, in that it separated preventive and curative efforts.

In explaining why the mixed economy persisted, Shvarts begins by outlining a bitter dispute between doctors and managers of Kupat Holim over pay and conditions. The personal animosities this inspired then carried over into the early involvement of the state, when dissatisfied doctors abandoned the sick fund for public sector employment, and on into the nationalization debate. The central section of the book details the politicking following the Kanev Plan, a loose blueprint which could have been the basis of a comprehensive service. This was opposed by Kupat Holim, which exploited its affiliation to the Federation of Labour to marshal support from the Left, arguing that its demise would undermine the broader labour movement. Thus in alliance with the middle-class Progressive Party, representing hostile doctors, the plan was scotched. The