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approach of the French Enlightenment which included the central government's goal of uniformity of procedures and government training in the name of science, technology, progress, and national security. Midwifery was for her a state affair. In her teaching she privileged the technical, referring to her mannequin as the "machine". An entrepreneur, she emphasized the baby as the "product", a departure from typical early modern French childbirthing practices which stressed the welfare of the mother over the baby. Her aim was to produce babies for France "like a cobbler makes shoes" (p. 113).

In addition to du Coudray's story, this book is also a meditation on the historian's craft. Du Coudray provides an opportunity for Gelbart to present her historiographic agenda: that history is above all a good story. Her method is: "getting things basically straight, of course, but taking some gambles too" (p. 283). As such, this account is as much about how we should write history as it is about Madame du Coudray.

The story of Madame du Coudray is also a moral tale. Du Coudray through Gelbart speaks to academic women. In the end, du Coudray is a woman enriched by her work. As Gelbart puts it, in du Coudray "self and profession have flourished together" (p. 246). I read this as Gelbart speaking about herself and other female academics for whom du Coudray provides an opportunity to contemplate themselves and their professional identities.

In sum, this book is irresistible. It is the second account in the history of medicine that I read right through, that I simply could not put down. The other, curiously, was also about midwifery, Laurel Thatcher Ulrich's *A midwife's tale* (1991). Gelbart is to be congratulated on producing a compelling and beautifully written story. This book also provides the best account of early modern pregnancy and childbirth practices that I have read anywhere. As an

added bonus, there is a full bibliography and an excellent index, both of which are all too rare these days. I urge all historians of medicine, women, and France to read about Madame du Coudray. I hope and expect that this book will win a major prize. It is outstanding.

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Michael Moran, *Governing the health care state: a comparative study of the United Kingdom, the United States and Germany*, Political Analyses series, Manchester University Press, 1999, pp. xii, 196, £12.99 (paperback 0-7190-4297-6).

This stimulating, if rather repetitive, comparative essay starts with a familiar conundrum. Health systems around the world are in crisis because of the need to contain costs. Solutions, as in Britain with the development of internal markets, are sought mainly from the United States; but costs there are notoriously high. Seeking advice from the US, as the author argues here, would therefore seem as expedient as "taking navigation lessons from the crew of the Titanic". Moran's approach to the conundrum, however, is rather less familiar. As a political scientist he is concerned less with conventional medical issues than with historical legacies and with the interdependence of the health care system, democratic politics and the market ("the health care state"). His analysis is duly based on the three divergent, yet convergent, systems in Britain, Germany and the USA and on three particular challenges: the regulation of consumption, doctors and technology.

Access to scientific medicine after 1900, it is argued, became a highly desirable "good"

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to be purchased collectively either through social or private insurance. Doctors sought to monopolize access to the resulting funds, which required “walking a tightrope between markets and government”. Government help was needed to eliminate competition but no control over the profession was to be ceded in return. Hence the evolution of powerful self-regulating bodies such as the GMC and the AMA and, above all, the Association of Insurance Doctors in Germany. Governments themselves benefited from professional self-regulation because issues of rationing could be disguised as clinical judgements and hereby delegated to doctors.

This deal started to break down in the 1970s as a result of political and economic change. Decreasing economic growth and increasing public articulacy required more overt action from governments. Simultaneously, disasters such as thalidomide, instances of professional incompetence and the greed of the medical supply industry tarnished the reputation of scientific medicine. In particular, after the introduction of Medicare and Medicaid in the US in the 1960s, the cost of health care exploded to the point where neither employers nor government were prepared to foot the bill. Greater intervention was delayed because of governments’ need to develop their regulatory capacity: but increased regulation came with the Prospective Payment System for Medicare in 1983, the Thatcherite reforms in Britain and the 1993 Seehofer reforms in Germany.

Moran provides an illuminating guide to these historical developments in all three countries. Siting medical developments in their full political and economic context also adds an important dimension to the debate over present-day reform; and the centrality of the US to these reforms is explained by both the depth of its own crisis which spawned innumerable initiatives and their diffusion as a result of American pre-eminence in

the world market for both pharmaceuticals and medical equipment. Above all, Moran shows how a more open and contested system of governance has been established since the 1980s, although both the medical profession and industries have proved adept at capturing—in part, at least—the regulatory machine and thereby safeguarding their interests. The opacity of the language used is important for this latest accommodation—as it was from the start when greater regulation was introduced, most notably by Reagan and Thatcher, in the name of deregulation.

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Dorothy Porter, *Health, civilization and the state: a history of public health from ancient to modern times*, London and New York, Routledge, 1999, pp. vii, 376, £16.99 (paperback 0-415-20036-9).

In this work Dorothy Porter offers the first synthetic English language textbook on the history of public health in the industrialized west (or at least North America and Europe) since George Rosen’s *History of public health*, first published in 1958. Compared to Rosen’s book, the story here is richer, more complicated, more confusing, and probably more disturbing.

Part I of Porter’s book, ‘Population, health, and pre-modern states’ (three chapters, 54 pages) takes public health from a brief worldwide treatment of ideas and institutions in the ancient world through Enlightenment ideas of medical police and the rights to health of citizens. Part II, ‘The right to health and the modern state’ (100 pages), focuses on the industrialized west in the nineteenth