

work patterns, problems of access to doctors and registration facilities, and local housing, education facilities and even weather). There is also a clear emphasis on modern policy applications and the need for ongoing reflection on how to improve IMRs. The combination of sophisticated local historical studies with reflections on modern applications raise this book's appeal, and give it significant interest value for historians, sociologists and social policy experts.

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Milton J Lewis, *Medicine and care of the dying: a modern history*, Oxford University Press, 2006, pp. 277, £19.99 (hardback 978-0-19-517548-6).

The aim of this book is to deepen our understanding of the relationship between medicine and the care of the dying through reference to its internal history, and by taking account of the broader context. Following an Introduction which deals with funding issues, the growth of government interest in health care, and the emergence of hospices, the book covers the rise of the religious and the medical; the rise of modern medicine; cancer as an example of the strengths and weaknesses of a research imperative; the diffusion of the theory and practice of palliative care; the emergence of effective methods of pain control; and the changing meaning of euthanasia. In a treatment that is both broad-ranging and detailed, Lewis looks at five countries: the United Kingdom; the United States; Canada; Australia; and New Zealand.

Backed up by twenty-three pages of tightly packed references, Lewis sets his history within the context of broader conflicts to do with the rise of medicine and the decline of religion, and within medicine itself, between on the one hand a research imperative, with its implicit goal of overcoming death, and on the other, a clinical one, to treat death as part of life, and make the process of dying as

tolerable as possible. Part of Lewis's argument is that central to this conflict is the rise of scientific medicine and the decline of religion; many Anglo-Saxon countries are marked by a moral and religious pluralism that breeds controversy over such issues as euthanasia. Lewis argues that modern medicine has put the cure of the body before the care of the body. The metaphysical heritage of dualism and reductionism has become more problematic in the modern age, but at the same time, knowledge has been increasing so rapidly that it has become more difficult to develop a unified secular world view. This arguably renders the search for meaning, on the part of the dying, very difficult.

Nevertheless, despite this central thesis, in other respects the book is less successful, covering so many different issues, and reading a bit like a literature review. With the five different countries providing case-studies, it is almost impossible for the reader to retain a grasp of what is going on in each, or to have a sense of what an overall comparison might mean. The 'Observations' that end each chapter are tantalizingly brief, so that one opportunity to focus on a more sustained assessment is lost. Some sections, on the rise of scientific and hospital medicine, and on the history of surgery, are very general indeed, while others, on the development of cancer services in Britain and the United States, and on palliative care in Australia, offer a rather descriptive narrative.

Towards the end, Lewis again points to conflicts, between those who view the body as a machine and those who see human beings as being more than their biology; between those termed "transhumanists" and "bioconservatives" (p. 228). He locates the development of palliative medicine in terms of an internal reaction to the failure of medicine to offer a compassionate response to the dying, but also with regard to a broader individualism. But again the book moves to the arguments of other writers, pointing simply to an "untidy coexistence" of conflicting ideas (p. 234). Readers interested in issues as diverse as the development of

hospices, the rise of scientific and hospital medicine, cancer treatment in New Zealand, the work of Cicely Saunders, cultural attitudes to pain, and the relationship between HIV/AIDS and euthanasia may find this a helpful synthesis. But those looking for a sustained attempt to explain the changing relationship between medicine and the care of the dying will be more disappointed.

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Martin Gorsky and Sally Sheard (eds), *Financing medicine: the British experience since 1750*, Routledge Studies in the Social History of Medicine, No. 24, London and New York, Routledge, 2006, pp. xiv, 258, £70.00 (hardback 978-0-415-35025-9).

This volume is a collection of fourteen papers which were presented at a Wellcome Trust symposium on ‘Financing Medicine’ in 1996. In the introductory essay the editors outline the theme of the book as “the development of the British medical services viewed from the perspective of their mode of finance” (p. 2). The book is divided into four parts: voluntary funding and the growth in hospital care; local government and medical institutions; general practice and health insurance; and contemporary issues. Although the essays are diverse, they are united in their examination of the “political economy of health” in that they “all exhibit the fundamental concern with the cost of maintaining, or improving, the nation’s health” (p.15).

The first essay in part one is Bronwyn Croxson’s ‘The price of charity to the Middlesex Hospital, 1750–1830’, which describes the general features of the London voluntary hospitals and their sources of funding in the period. Croxson provides details about the nature of hospital income and effectively demonstrates how the need to raise funds permeated every aspect of voluntary hospital activity, including admission

arrangements (whereby admission policy explicitly excluded those deemed incurable or chronically ill). The final essay in this section, John Mohan’s “‘The caprice of charity’”: geographical variations in the finances of British voluntary hospitals before the NHS’ uses data drawn from hospitals in Wales and Scotland as well as England to show the substantial and persistent variations in the resources available to hospitals.

Part Two on local government and medical institutions includes Keir Waddington’s account of Poor Law medical provision in London’s Whitechapel area in the years from 1850–1900. His essay reveals that the stigma attached to receiving indoor relief had been removed in respect to the receipt of medical care: “the poor saw the workhouse as a familiar and accepted donor of medical services and regularly asserted their right to relief” (p. 102).

Part Three on general practice and health insurance includes Anne Digby’s fine essay on ‘The economic and medical significance of the British National Health Insurance Act, 1911’. Digby examines the financial implications of the 1911 Act both for general practitioners who generally saw a rise in income from panel practice, and for insured workers who were freed from the burden of finding fees for medical care, a change which also encouraged them to seek earlier treatment. Digby includes research derived from across Britain in her study which also reveals the creation of a two-tier system of health care with panel patients faced with set hours, long waits and perfunctory examinations in contrast to the home consultations which continued for fee paying patients.

The final section of the book deals with contemporary issues and concludes with an essay from Rodney Lowe on ‘Financing health care in Britain since 1939’. In his short essay Lowe points out that the inter-war social-insurance based system was dismantled with little resistance, to be replaced by a predominantly tax-based system of funding health care in Britain. Conservative Party