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

century. Its six short chapters examine the statistical movement; the response to epidemics (chiefly to cholera); public health and state growth in France, Sweden, and Germany; and, separately, the case of Britain; matters of resistance and enforcement (opposition to the Contagious Diseases Acts, compulsory vaccination, and disease notification in Britain); and the singular case of public health in the United States, where an almost wholly localized approach prevailed. In roughly chronological fashion, Part III treats 'The obligations of health in the twentieth century' (three chapters, 114 pages): the Eugenics movement; the emergence of the classic welfare state (Germany, Britain, France, Sweden, and the United States), and, at greatest length, 'Conditional citizenship'—attempts in several European countries, the US, and several Asian and Latin American nations, to determine what levels of health care citizens were entitled to and how such entitlements were to be financed. Finally, Part IV (two chapters, 41 pages) considers 'Preparing for the twenty-first century'. Its main concern is life-style epidemiology, from anti-tuberculosis programmes at the beginning of the twentieth century to anti-smoking programmes at its end. It also examines AIDS and various new-body fads. The book closes with discussions of bodybuilding contests and the reification of the body as a commodity.

The grand issues in appraising a text of this sort will be what it includes and excludes and the balances it strikes among its topics, as well as the overall story it tells. These will be shaped by the character, quality, and comprehensiveness of the secondary literature on which the author must rely, by the coherence of the entity under study—here the multivalent "public health"—and finally by the author's own background, interests, and priorities. For a history of public health, the first two are problematic. Historians who have touched on public health have done so in connection with a wide range of questions, and of assumptions about what required to be explained or could be taken for granted. For some the history of public health has been significantly demographic; for others it has had to do mainly with culture, or class or gender relations, or with the growth of medical science, or with politics and administration. Good comparative histories are few; the linguistic skills they require, combined with a nuanced appreciation of the quite different medical–political interface in different places and at different times, have intimidated most researchers.

In part, but only in part, this reflects the fact that "public health" is itself contested. The confidence with which Rosen strode through his eclectic collection of topics no longer exists. The term is made to refer both to the empirical state of the public's health and to (some of) the institutions, existing and ideal, responsible for improving or maintaining that health. As used in the titles of divisions of government or academe, it is among the most malleable of constructed entities; any illusion of coherence that may be projected by the existence of institutions of public administration, higher degree courses, or textbooks on public health principles, will be quickly dispelled by anyone who insists on a rational basis for the inclusion or exclusion of certain elements, who views these institutions through the lens of time and sees how often they have redefined themselves, or who appreciates how differently they fit into different national contexts and medical systems. One cannot then, judge this book in terms of a textbook tradition. Each historian's themes, emphases, explanations, and even conceptions of the domain will be unavoidably idiosyncratic.

Porter's domain is the history of "collective action in relation to the health of populations" and the telos she hopes to find

there is the universal public provision of medical care. It is a broader definition than Rosen apparently used, and broader than some in public health would recognize. The clearest example of that focus is the book's longest chapter 'Conditional citizenship: the new political economy of health', the history of recent attempts, successful and unsuccessful, toward universal medical care. "Collective action" here refers mostly to the actions of national states, though it is not clear that "state" and "public" can be used interchangeably. "Population" is also troublesome, for clearly in some cases—particularly the new public health described in the last chapter—effects on populations come only by imposing exacting disciplines on individuals. This is "collective action" in an empirical sense surely, but it comes close to bringing all medicine into public health.

The book's strengths are its later chapters—Porter's home territory. Much in the earlier chapters reflects the incompatible demands of synthesis and comprehensiveness. On the one hand the book's impact is blunted by attempts to include; on the other it remains open to complaint that the treatment is not comprehensive enough—chronologically, topically, or geographically (particularly in the case of the latter, reliance on sources in English exacerbates the problem). Coverage of the period prior to 1800, which Elizabeth Fee singled out as a problem in Rosen's text, is even more problematic here: the first three chapters cover too quickly too many disparate topics in too many times and places. Some will be bothered that occupational and environmental health get little coverage, that more is said about opposition to vaccination than about the conquest of smallpox, or that tuberculosis is relegated to the last chapter and nutrition neglected, or any number of other issues. And the European focus leaves out southern and eastern Europe most of the time.

It is not clear that this book will succeed as a text. It reflects a field in flux; an exciting state for a researcher, but a frustrating situation for the student. Although chapters are broken into sections, the intra- (and sometimes inter-) chapter organization is not always transparent, and on very many topics given teachers and students will surely want much more (or much less). Nor has Routledge done much to make the book attractive (though the chapter by chapter bibliographies will be useful). Several misspelled names and other typos mar the text. A longer and more comprehensive book or a shorter analysis would probably have been more successful. It is as a synthesis that the book will be most important; albeit, perhaps, a premature one. But one need not accept Porter's story as the final word to accept with giddy delight the invitation to think synthetically about the field, something that hitherto has been unavailable to public health historians.

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James Le Fanu, *The rise and fall of modern medicine*, London, Little, Brown, 1999, pp. xxi, 490, illus., £20 (hardback 0-316-64836-1).

James Le Fanu is a medical journalist with (according to the publisher) a "huge popular following". His account of the rise of modern medicine follows a well-trodden path, along which he selects a number of "definitive moments". Some of his choices are curious or obscure. Penicillin, cortisone, open heart surgery, new hips for old, transplanted kidneys and test tube babies are plain enough. "Streptomycin, smoking and Sir Austin Bradford Hill" is perhaps the best way of making the intelligent use of statistics sound exciting. "The triumph of