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symbolic architecture of the children's hospital. In many ways the most ambitious of the essays in this volume (the author is forced, not least, to get to grips with the very notion of the "history of childhood") it reads as a preliminary study, a promise of further investigations to come. By contrast, Alfons Labisch offers in the concluding historical essay, 'The social construction of health', a highly assured overview of the reconceptualization of health and hygiene from medieval times to the dawn of industrialization by use of Max Weber's categories of demystification and rationalization, and Norbert Elias's idea of the "civilizing process". Inevitably somewhat schematic, it is also immensely stimulating.

Wide-ranging, conceptually sophisticated yet moored in empirical detail, these essays (alongside excellent accounts of the contemporary scene) make this the most ambitious and also the most fruitful foray into the social construction of health and medicine yet attempted. It deserves to become required reading.

Roy Porter, Wellcome Institute

ALFONS LABISCH, *Homo Hygienicus: Gesundheit und Medizin in der Neuzeit*, Frankfurt, New York, Campus Verlag, 1992, pp. 340, DM 68.00 (3-593-34528-5).

In industrial countries medicine has become an eminent scientific discipline and an even more important institution of aid. Polls show that the majority of the population regards health as the highest good, and the permanently growing demand for medical services has led to considerable political concern about an "explosion" of costs. In contrast to this, harsh criticism of medicine, describing it as an instrument of social power and control, has become common in the last two decades, and there is a keen interest in alternative treatments. This contradictory situation is the starting point for Alfons Labisch, the new director of the Institute for the History of Medicine in Dusseldorf, to carry out a study in the changing meanings and roles of health in Western societies from the Middle Ages up to the period of National Socialism.

Several sociological theories build the framework for his study: Norbert Elias' theory of civilization with its three "basic controls" in society (over nature, interhuman relationships, and the individual's self), Peter L. Berger's and Thomas Luckmann's "social construction of reality", and Max Weber's ideas of a rationalization of Western societies and a deprivation of mystique ("Entzauberung") of the world. Methodically, Labisch tries to bring out historical "ideal types" (in the sense of Max Weber) of individual and public health. In this way he describes the religious, transcendental view of health in the Middle Ages, followed by the more worldly perspective of the Renaissance (with its wish for a long life), that was succeeded by the association of health with rationality and morality in the Enlightenment. With the rise of experimental hygiene, and particularly with the foundation of bacteriology, in the nineteenth century Labisch sees the "homo hygienicus" being constructed, i.e. the person "who sees health as his highest aim in life and who subordinates his life to medico-scientific principles" (cf. p. 313). This construct was further developed in the social hygiene of the early twentieth century and eventually pushed to its extremes and perverted in eugenics and racial hygiene. Parallel to these concepts, historical interpretations of health as a social good and their consequences are traced: from epidemic control in Renaissance towns via the "medical police" of the Enlightenment absolutist state and the public health care in the period of industrialization up to the atrocities of the Third Reich, committed under the delusion of a pure and genetically healthy Aryan race.

Labisch's well-documented account considers the recent results of international historical scholarship and includes his own substantial contributions to the history of public health in the nineteenth and early twentieth centuries. In his conclusions he points to a basic aporia characterizing the position of medicine in modern society: medicine has been given the mandate to define the physical aspects of human existence in terms of meaning and values in that historical moment when it devoted itself exclusively to the natural sciences. Science, however, is principally incapable of setting values, or of giving an orientation to life and an ultimate meaning to human actions. Accordingly we observe now a boundless demand for, and expectations in, scientific medicine, and

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at the same time fundamental public criticism of it and a need for alternative therapies (cf. pp. 319f.). Labisch sees two ways out of this situation: a new concentration on medicine as an art that deals with human beings, and permanent ethical self-contemplation.

This comprehensive and concise history of health in the modern period can contribute to a better informed and more objective debate on the future role of medicine in society. It is an example of the practical functions that medical and social historiography may have today.

Andreas-Holger Maehle, Wellcome Institute

HOWARD BRODY, MD, *The healer's power*, New Haven and London, Yale University Press, 1992, pp. xiii, 311, £18.95, \$32.50 (0-300-05174-3).

In 1961 one survey found that over 90 per cent of doctors in the USA would not tell patients that they had cancer; in 1979 another survey found that the situation was reversed and that 90 per cent would now disclose the diagnosis. Such a total reversal of policy might suggest that a primary aim of medical ethics had been accomplished: patient autonomy had triumphed over medical paternalism. Nevertheless, this conclusion is more illusory than real, Howard Brody argues in his new book. Much power remains with the doctors, and they can best transfer some of this to patients by fine tuning how much is said and how it is said, for example, against the many clues that arise during the doctor-patient interview.

The central ethical problem in medicine, then, Brody argues, is the responsible use of power. Though, accidentally, the word has rarely been used outside the social sciences, there is a real danger that power used against the disease will come to be diverted against the patient's best interests as well. Brody's solution is to develop sharing of power, using the "conversation model" developed for informed consent, in which patients are involved in medical decisions in an informed way to an extent that they wish. As would be expected from his earlier extensive work on the placebo response, Brody (who is director of the Center for Ethics and Humanities in the Life Sciences at Michigan State University) pulls in a variety of sources for his wide-ranging discussions—from literary works dealing with medical power to "neon ethics" (the much publicized classic cases of ethical dilemmas, such as Nancy Cruzan, Baby Doe, and so on). Two particularly unusual and contemporarily relevant chapters are those relating to power and cost control, and the doctor's income. In the former he concludes that, besides promoting shared care, the health maintenance organizations offer the best model for balancing patient advocacy, cost containment, and quality care—though in the USA some form of centralized and streamlined administration also appears inescapable. And in the second, 'The physician's income', he argues for the existence of two major problems. Firstly, the gap between the income of any doctor and his patients creates a power disparity between them; secondly, the wide gap between the income of the primary care doctor and the specialist—whereby today surgeons earn 90 per cent more than general and family physicians—has also disempowered patients by discouraging doctors from entering primary care. Powerful and often densely written, this book must form a major contribution to the debate about the pattern of health care in the USA once the authorities there have decided what their aims and objectives are to be.

Stephen Lock, Wellcome Institute

KATHRYN MONTGOMERY HUNTER, *Doctors' stories: the narrative structure of medical knowledge*, Princeton University Press, 1991, pp. xxiii, 205, \$24.95 (0-691-06888-7).

It is a modern clinician's conceit, and let us hope a temporary one, that medicine is a precise science in which truth equals provability. Hunter's book thoroughly dismantles this belief, asserting that medicine is in fact a "science-using, judgement-based practice", characterized by "varied and ingenious defenses against uncertainty". At the heart of the problem of medical "science" lies the necessity to transcribe the individual patient's experience of illness; to make a doctor's story out of the patient's own.

Hunter prowled the wards and seminar rooms of three North American hospitals (not identified) in her search for the thread of narrative which ties illness to treatment. Her book first details the nature