Although intellectually a very minor flaw, practically, this is an unnecessary distraction from a complex and important set of cases.

Stern's decision to include a diversity of approaches to "better breeding" (p. 11) within her definition of eugenics contributes much to the book's value as a teaching text. It allows her to tackle a wide range of new case studies and to make connections between topics that have rarely been treated together—if historians have addressed them at all. However, that big-tent definition is also the source of the book's sole significant weakness: by incorporating such multifarious topics under the eugenic banner, Stern's overall argument sometimes loses focus. Her concluding chapter, 'Contesting hereditarianism: reassessing the 1960s', exemplifies both the strengths and weaknesses of her approach. For example, Stern convincingly details what are at least clear intellectual compatibilities between eugenic pronatalism and Freudianism, and equally clear similarities between critiques of each. On the other hand, she offers little conclusive evidence for a stronger or more direct connection; as she herself notes, eugenic pronatalists were only the "unacknowledged accomplice[s]" (p. 193) of Freud, on whom feminists focused their rage.

In this book, Stern is trying to read through and around the silences that have surrounded the pervasiveness and persistence—especially after the Second World War—of American eugenic thinking. Necessarily, therefore, some sections are speculative, and some evidence is suggestive rather than definitive; by no means does this diminish the value of Stern's work. Her cases are provocative and insightful individually, even when their diversity renders them somewhat intractable to straightforward argument.

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**George Weisz**, *Divide and conquer: a comparative history of medical specialization*, Oxford University Press, 2006, pp. xxx, 359, £29.99 (hardback 0-19-17969-2).

Many studies of the emergence of medical specialties now exist. Commonly these focus on developments in a single country and are restricted to major urban centres. Though few comparative histories analysing national differences in how medical specialization proceeded are available, the need for such a synoptic study has been great, especially as recent trends in social sciences and history have tended towards uncritically assuming the process's ubiquity and similarity in all national contexts. Theoretically the subject has also been rather stagnant. Other than occasional challenges to its determinist language, theories of specialization in medicine have not moved much beyond George Rosen's synoptic treatment of the subject in the 1940s. The understanding and language of specialization used by historians remains similar to the macroscopic narrative style Rosemary Stevens used in her landmark studies in the 1960s and 1970s. *Divide and conquer: a comparative history of medical specialization* addresses and builds upon many of these points. Without exaggeration, it can be said that this rich book is an important landmark and will become a standard reference in historical research and curriculum.

Weisz explores and contrasts the origins and development of specialization in France, Germany, the United States, and Britain over two centuries. Although he acknowledges earlier forms of occupational specialism, Weisz considers medical specialization to be a unique nineteenth- and twentieth-century phenomenon. He argues that the specialization of medicine was part of wider, on-going changes occurring in the early nineteenth century that promoted new disciplinary communities and identities. Building upon work he published in earlier articles, Weisz argues that the unification of surgery and medicine occurred contemporaneously—setting the stage for the creation of sub-divisions (specialties) of medicine. He notes that specialization was useful for institutions and governments to micromanage rationally small groups of physicians and researchers. Weisz additionally asserts that specialization was adopted because restriction of interests to smaller arenas of medicine proved

effective for producing new knowledge. Like many authors, he contests the usual parsimonious explanation offered for specialization, i.e. that the accumulation of knowledge forced physicians to become specialists. Weisz instead develops the historical discussion around geographic, political, social, and cultural themes.

Specialization made its first appearance in nineteenth-century France, which was then the centre of medical knowledge production in Europe. The new model soon gained momentum in Germany, and then the United States. It was in Germany that specialist certification was first introduced. This was a method for recognizing and legitimating specialist medical work, which was eventually adopted by the medical profession in other countries. In the United States, antipathy to specialization by the American Medical Association initially impeded developments among the medical profession there. Weisz observes this opposition was not against medical specialties *per se* but derived from the fear that specialization would decentralize the Association's power. In sharp contrast to these other countries, British medicine proved resistant to specialties and sought to maintain unity in medicine. When divisions in medicine did occur, these tended then to be on an *ad hoc* basis, reflecting institutional needs rather than exclusive practitioner groups. As a result, specialization in Britain, even in the post-National Health Service era, remained more ambiguous than it did in other contexts.

Weisz's book is an exemplar of analytical description and historical argument, and it is richly speckled with examples. Not surprisingly, however, any ambitious book spanning two centuries leaves some unanswered questions. *Divide and conquer* is no exception. Weisz argues that specialization "gained its initial and primary justification as a form of knowledge production and dissemination rather than as a type of skill or form of practice" (p. xxi). He later adds, "specialization was always associated with some form of specialty practice because the production of specialist knowledge was inconceivable outside the framework of clinical practice"(p. 12). Comprehensive exploration of participants' views of their work often demonstrates that reality was even more fluid than Weisz's argument suggests. To be sure, many physicians claimed a specialty, but many others engaged in what would now be described as specialized research did not make such a claim. Weisz's account under-estimates the intellectual eclecticism which often appears in nineteenth- and twentieth-century sources.

Detailed prosopographic research often reveals small contradictions to the narrative of specialization by highlighting this eclecticism. Many physicians, for example, held membership in multiple specialist societies. Weisz avoids this issue by arguing about a general picture of specialization. Yet by drawing our attention to sources such as memberships in specialist societies or listings in specialist registers, he reveals small but none the less troublesome inconsistencies that are not explained. In his own appendices, Weisz is twice forced to admit, "individuals with more than one listing [of a specialty] are included in each specialist category" (pp. 258–9). Ignoring or explaining away these small contradictions may be avoiding the very point worthy of our attention.

These problems are only compounded further when the problem of memory and commemoration is considered. Many primary and secondary sources on specialization have claimed great men as founders of specialties. As an unsubtle example, Thomas Willis (1621–1675) has been described as the founder of British neurology—such a claim would require enormous caveats. Because Weisz seems determined (he does not precisely clarify) to see specialization as inevitable, he never considers how medical specialization might be externally (and retrospectively) imposed upon the past. The appropriation of a past luminary is a common way for a medical specialty to assert both a tradition and its legitimacy. It is a pity that Weisz does not offer an assessment of these issues.

These evaluative remarks do not in any way diminish the many achievements of this book. *Divide and conquer* reveals rich, uncharted



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territory. It is a great pleasure to read, evocative, and splendidly detailed.

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**Jeanne Daly**, *Evidence-based medicine and the search for a science of clinical care*, Berkeley and London, University of California Press, 2005, pp. xv, 275, £41.95, $65.00 (hardback 0-520-24316-1).

One of the main transformations of medical practice in the last quarter of a century is the meteoric growth of evidence-based medicine (EBM). The name of this new movement, may sound like a provocation, since it implies that before the advent of EBM in the 1980s medical decisions, especially those related to therapy, were not based on sound evidence. However, from the mid-nineteenth century, doctors repeatedly claimed that medicine had became a scientific discipline, a claim reiterated and reinforced in the twentieth century. Moreover, the main tool employed by EBM, the randomized controlled trial (RCT), is not a recent invention: it was developed in the 1940s, and became increasingly popular in the post-Second World War era, partly because regulatory agencies increasingly required that the efficacy of a new drug should be proved in an RCT, before issuing a marketing permit. On the other hand, the growing accumulation of results of controlled clinical trials did not seem to affect standards of routine clinical care. Left to their own devices, few doctors relied on the critical evaluation of RCT's in their clinical decisions. Physicians continued to gather information in a haphazard way, to draw general conclusions from personal experience, and to listen to representatives of the pharmaceutical industry.

The founders of the EBM movement—a group of clinical epidemiologists from McMaster University in Canada under the charismatic leadership of David Sackett—decided to make reliable information on therapies available to all clinicians, a task facilitated by the development of computers and of the Web. The McMaster initiative was exceptionally successful. Today we have numerous EBM publications, internet sites, and decision tools. EBM courses are included in the curriculum of the majority of medical schools, and the new generation of physicians will probably "talk EBM" as naturally as Molière's Mr Jourdain spoke prose. In parallel, EBM generated strong opposition and provoked heated debates. The latter are, however, confined to a specialized press: the growing importance of EBM has low visibility beyond the esoteric circles of experts. Daly's book, the first comprehensive history of EBM, therefore, fills an important gap.

Daly started by writing the history of clinical epidemiology (one of the domains that led to the development of EBM), then enlarged her project to include the history of evidence-based medicine, and of a similar initiative, the Cochrane Collaboration, developed in Great Britain by Iain Chalmers. She produced a detailed and thorough study, grounded in numerous interviews and observations. One of her key findings is the great heterogeneity of uses of EBM. The sociologists Stephan Timmermans and Mark Berg investigated the variety of these in a single clinical setting. Daly focuses on the role of local and national variables in modulating the uses of clinical evidence in different sites. She illustrates her point through a detailed study of Cochrane Collaboration in South Africa. Daly's book also provides a critical perspective on EBM and shows the limitations of approaches that focus on RCT's and fail to incorporate contributions of disciplines such as classical epidemiology or public health.

*Evidence-based medicine and the search for a science of clinical care* does not cover all aspects of the history and present development of EBM. Some areas—such as the role of state policies—are mentioned only briefly, while others—such as the impact of the pharmaceutical industry—are, regrettably, absent. Daly's pioneering work is, nevertheless, an important contribution to the understanding of EBM and thus of recent changes in clinical practice. It is highly recommended to all those who want



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