was only brought to a formal end with the passage of the 1978 Medical Act, its original egalitarian principles had long been corroded by professional and racial anxieties.

Haynes effectively argues that the medical register became instrumental in protecting and promoting a homogeneous vision of British medicine – both by exporting its exponents around the world and by providing access to Britain's medical market only to those who practised in its image. While the first half of the book reveals a great deal about how other countries interacted with a system designed to privilege British interests, by its close the focus is squarely on the GMC's efforts to juggle competing interests in its regulation of overseas medical practitioners. This emphasis undoubtedly adheres to Haynes' introductory description of *Fit to Practice* as an institutional history of the GMC. Yet, the more insular focus of the second half occasionally raises questions that a broader approach might have addressed. It is not clear, for instance, how the South Asian medical community responded to criticisms of their competence, nor what character an emerging 'Indian medicine' was assuming as Britain's influence waned. Despite the title, 'practice' itself receives little attention. If the hegemonic control of white, male elites imbued medicine with any distinct attributes, they are not highlighted. Equally, while race plays a role in the debates over linguistic fluency, gender ceases to be discussed in the later chapters, despite the growing number of women entering the profession. This strand could have enhanced the book's broader arguments about hierarchies and discrimination within British medicine. Finally, case studies might have helped to give voice to those affected by the policies whose genesis Haynes so carefully reconstructs. *Fit to Practice* ultimately emerges as a useful guide for considering how the British medical register became a portal for spreading a particular brand of medicine across the world, and for safeguarding it from outside influence. For those wondering what obstacles have prevented Britain from resolving its domestic medical needs with foreign labour, it reminds us not to underestimate the role of bureaucratic tools wielded by small, tractable agencies.

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**William H. Foege**, *The Fears of the Rich, The Needs of the Poor: My Years at the CDC* (Baltimore, MD: Johns Hopkins University Press, 2018), pp. 280, paperback, $24.95, ISBN: 9781421425290.

William H. Foege is a distinguished American medical doctor and epidemiologist with extensive field experience best known as the architect of the method of 'surveillance and containment' for smallpox eradication work. This method replaced mass vaccination (efforts to vaccinate a very high percentage of the population), and made possible the eradication of smallpox in the late 1970s. This smallpox methodology was initially designed in Africa in the mid-1960s when Foege had to work with a limited supply of vaccines. He used these resources carefully and intensely only in the most affected villages where it was possible to contain the disease. The method required the prompt identification in homes, markets and schools of individuals exhibiting rashes and the compulsory vaccination of people in and around these locations. The result was that smallpox could be made to disappear with a fraction of the vaccinations required for a mass campaign. By the late 1960s the method was adopted by the World Health Organization

and led to the success of the eradication of smallpox. As historians of public health know, smallpox is the only infectious disease in history to have been completely eliminated by human action.

Foege was also Executive Director of the Carter Center; a recipient of a number of awards such as the MacLean Prize in Clinical Ethics and Health Outcomes and the Presidential Medal of Freedom; professor emeritus at the Rollins School of Public Health at Emory University in Atlanta; and a fellow of the Bill and Melinda Gates Foundation. This book is mainly a narrative account of the author's work at the Communicable Disease Center (today the Centers for Disease Control and Prevention – CDC), first as a member and later as a revered director between 1977 and 1983. The book is not intended to be a full autobiography or an institutional history, but it has several autobiographical moments with unique and interesting information. Moreover, it is a nuanced discussion of the political negotiations for crucial public health decisions and programmes made during the late twentieth century where Foege played an important role. The topics covered include bioterrorism, the history of the CDC, Toxic Shock Syndrome, Legionnaires' disease, AIDS, Ebola and diverse national and global health initiatives on rare and neglected diseases. It is also a vivid account of the vicissitudes of a public health worker, who was also a Lutheran and worked for his church as a medical missionary around the world. Foege provides colourful accounts of mentors and scholars who have been important for his work. He reveals some insights into the work required behind the scenes for sound public health programmes and criticises the precariousness of immunisation programs. The author also finds moments to present his firms beliefs on the validity of global health programs (and the need of a stronger World Health Organization with an adequate budget and 'less politics'), and on the general need in public health for good and flexible management, decisions based in epidemiological research. He also discusses the legitimacy of the overarching goals of health equity and social justice.

The title of the book – also the title of a chapter – might be misleading because social disparities and different social perceptions of epidemic disease are suggested but are not fully discussed. The title mainly means for the author the need to link the disease anxieties of the rich to the health needs of the poor. More than an integrated and structured work with an organising principle, the book is a collection of relevant public health events, characters and themes presented in twenty-six brief chapters. An important goal for the author is to offer advice for students and practitioners in public health. His advice for students is to have a life philosophy of service and values instead of a rigid life plan that might be an obstacle to embracing opportunities that might be not anticipated but that can improve and change the life of a professional. Another goal of this book is to highlight CDC's achievements, vicissitudes and challenges, focusing on its legendary Epidemic Intelligence Service. In the Cold War and post-Cold-War periods, this became a global institution with operations all over the world with the formal mandate to protect Americans from deadly diseases. For historians of medicine, the information on the CDC might be the most useful. In addition, the book has valuable information on immunisation programmes of the late twentieth century that would be of interest to historians of medicine working on this topic. Unfortunately, the book has few references, no bibliography and no index. The fascinating theme of the tension between politics and public health science is briefly described, but not fully developed. Some of the fourteen compelling black and white photographs are presented to readers for the first time. An appendix provides valuable information on a number of people who worked with Foege. It is the hope of this reviewer that public health students and practitioners, the main targets of this book, will find inspiration, learn

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how to navigate adverse political systems and help to change unfair societies, not only by reading remarkable memoirs but by studying public health histories done by professional historians.

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**William Green**, *Contraceptive Risk: The FDA, Depo-Provera, and the Politics of Experimental Medicine* (New York: New York University Press, 2017), pp. ix + 322, $89, hardback, ISBN: 9781479876990.

William Green's expertise in constitutional law and pharmaceutical drug policies, combined with his obvious commitment to the protection of civil liberties, makes this a unique and very valuable history of a three-month injectable contraceptive that continues to raise important and sometimes disturbing questions. US drug law requires that new drugs be shown to be safe and effective for their intended uses, but how to meet these legal requirements has been subject to refinement over the years since Depo-Provera came onto the market. Green knows that there is no such thing as an entirely safe drug. The Food and Drug Administration (FDA) has acted with this knowledge since its founding, but only in the later twentieth century did the public become more aware and understanding of the fact that assurances of absolute drug safety do not exist and that knowing and managing risks is key to approving a useful and effective drug. When one considers the move from testing in a small, carefully controlled patient population to general use by physicians under their own expertise as medical practitioners, the status of Depo-Provera is more easily understood. As Green shows, however, almost nothing about Depo-Provera conforms to a 'normal' new drug study and approval paradigm, from its development and pre-market testing to its recurrent, controversial and somewhat atypical FDA drug reviews extending over decades.

Depo-Provera had been approved as safe for medical uses other than birth control around 1960. Prior to 1961, new drugs had to demonstrate only that they were safe before receiving FDA approval for marketing. In 1961, however, a new drug known as thalidomide, which originated in Germany and was prescribed to pregnant women, turned out to be a potent teratogen, leaving babies who survived with severe birth defects. Beginning in 1962, countries around the world revisited their new drug protocols. The US responded by creating a new science of regulatory statistics to ensure that approved drugs were not only safe but also effective for their intended use. Placebo-controlled, double-blinded studies were dubbed the 'gold standard' of the drug-approval process. It took a full decade to issue workable regulations regarding safety and efficacy study requirements for new drugs, and it was not until 1973 that the Supreme Court upheld the FDA's authority in the field. This meant that Depo-Provera remained on the market and available to physicians. Efficacy studies conducted at Grady Hospital in Atlanta had experimental authorisation from the FDA to study the drug in women in their family-planning clinic. However, Johns Hopkins had no such permission to study the drug in male sex offenders. Green notes that neither group of human subjects gave informed consent to participate in a trial.

Over its twenty-five-year drug-approval process, according to Green, medical officers at the FDA had concerns about the drug's carcinogenic potential and osteoporosis association