

Book Reviews

followed, and English readers will find many parallels. This is history seen from below, and Professor Melosh looks sympathetically on the craft methods, practical experience, and self-control that dominated the lives of nurses in the old apprenticeship system in the diploma schools. It was an occupational culture, a shared work experience that gave value and colour to their lives.

The section on hospital nursing today is highly relevant. In order to raise the status of nurses, American leaders have concentrated on the expansion of the baccalaureate system, but this has led them, not to professional autonomy, but to middle management. Professor Melosh sees a solution to the conflict that has been discussed on this side of the Atlantic – the exploration of new forms of health care delivery that give nurses a more prominent role in counselling and advising. Professor T. McKeown and others over here have made this point, and with an ageing population and ever-increasing demands for health care, an extended role for the nurse needs to be considered. The whole history of nursing is about this extension.

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SANJAYA LALL, *The multinational corporation*, London, Macmillan, 1983, 8vo, pp. xii, 264, £6.95 paperback.

The pharmaceutical industry is one of the industries that depends heavily on international operations. As such, it provides an illustrative, if somewhat atypical model for economists studying various aspects of multinational corporate behaviour. The first two-thirds of Sanjaya Lall's collection of essays on multinationals approaches the behaviour of international business from the point of view of an economist interested in general questions of the effects on less developed countries, the practice of transfer pricing, the activities of large corporations in India and Malaysia. In the last third he looks at the pharmaceutical industry in a way which is informed by the more general studies preceding, but which is an attempt to look more empirically. It is interesting to note the extent to which the models proposed in the first part fail to apply to his case study. On the other hand, the economic analysis does provide a framework in which to place many otherwise perhaps disconnected observations about the industry, and it leads him to a number of issues which a non-economist might have overlooked. To what extent, for example, does the cost of buying up international patents waste research and development funds? How do government regulations affect the way drugs are marketed in different countries?

Historians of medicine might find such a book difficult to use, but there are a number of highly worthwhile methodologies and observations here to consider. What were the pricing policies of drug firms and how have legal and financial differences between countries affected prescribing practices? How has the sheer economic strength of certain firms such as Hoffmann-La Roche influenced the history of tranquillizer use?

Lall would himself have benefited from a deeper consideration of the history of the pharmaceutical industry, and his dependence on financial data, official and journalistic reports means that he cannot answer some of the more important questions about the development of the industry. Why doctors become dependent upon companies for information, for example, is something which can be answered from a consideration of the beginnings of research and development within the industry early in this century, and the history of medical education. Why physicians seem unconcerned about the cost of medicines is something which an understanding of the history of doctor-patient relationships can illuminate.

This is an excellent analysis of the economic behaviour of the international pharmaceutical industry and a useful summary of the relevant economics literature. Furthermore, historians of medicine in the west can always learn from studies of recent medicine in less developed countries, as with Lall's essays on Malaysia and Sri Lanka. Here we see how the complex forces at work tend to shape attitudes and practices in ways different from our own. That commercial interests tend to benefit from dependence on expertise by economically weaker people should come as no surprise to medical historians.

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