

Book Reviews

reason, one of the main objectives of the cancer campaign, the medicalization of the population, was not achieved and it was the underprivileged who were the hardest hit.

Radiotherapy and radiodiagnosis started to create their own related areas of research and teaching based, above all, on the cure for cancer which they promised. They also created professional associations, although these, as such, did not participate in the anti-cancer fight, because their corporative interests were far removed from social concerns. In-depth study of what was happening in Madrid, Barcelona and Granada reveals similar aspirations developing into different organizational structures.

One especially relevant conclusion is the absence of concern among Spanish radiotherapists for protection against the use of techniques which could clearly be harmful.

The work would have benefited from an introduction which prepared the reader better for what follows. The proliferation of references to the key figures who established radiography in Spain is handled well with a very useful appendix. Somewhat harder to understand for the reader unfamiliar with radiography are certain very detailed passages on techniques and equipment.

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Virginia Berridge, *AIDS in the UK: the making of policy, 1981–1994*, Oxford University Press, 1996, pp. xiv, 389, £45.00 (hardback 0-19-820472-8), £12.99 (paperback 0-19-820473-6).

Caroline Hannaway, Victoria A Harden, John Parascandola (eds), *AIDS and the public debate*, Amsterdam and Oxford, IOS Press; Tokyo, Ohmsha, 1995, pp. vii, 216, \$70.00 (90-5199-190-8 IOS Press) (4-274-9001304 Ohmsha).

These volumes, each in a different way, set new standards for research and writing in the

contemporary history of medicine and health policy. Berridge's book and the papers that Hannaway and her colleagues commissioned address questions that are pertinent to people who participated in the events that are the subject of historical analysis. Moreover, they address such questions with evidence from a full range of contemporary sources; including, in Berridge's work, interviews with a substantial number of people about the same events and, in Hannaway's collection, autobiography.

Historians who write about the contemporary history of medicine and health policy have too often addressed questions derived by analogy from past historiography and relied heavily on published primary sources. As a result, the best contemporary history of medicine and health policy has been written by journalists, policy analysts and political scientists.

Berridge's book is the most exhaustive and persuasive study to date of policy making for the AIDS/HIV epidemic in any country. The Nuffield Provincial Hospitals Trust funded this research on what Berridge calls "history in the making". As a result of industrious interviewing and reading over more than half a decade, she and her late colleague, Phil Strong, acquired extraordinary knowledge of the politics of policy making for the epidemic in the UK.

Berridge identifies "four phases of response" to AIDS. From the early 1980s to late 1985, new "groups (gays in particular) outside the normal policy-making circles were drawn into positions of policy influence". The years 1986–87 were characterized by public and dramatic intervention by politicians and their "mobilization of the mass media", on the analogy of a "wartime emergency". A third phase in 1987–89 was characterized by "normalization and professionalization of the disease". The fourth phase is more difficult to characterize. She calls it "to some extent . . . a new politicization" around particular issues of prevention and treatment. If she were writing now she might add yet another phase, the response to the apparent effectiveness of protease inhibitors in treating the disease in some patients.

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Berridge makes a good case for each phase, deftly arraying evidence in point. Throughout she makes good use of the research and analysis of other scholars, crediting them thoroughly in both text and notes.

Many readers will disagree with particular emphases and interpretations. This reviewer remains sceptical about the extent to which policy (as opposed to political talk) was influenced by interest groups of gays in the mid-1980s. I was also surprised to read (pages 4–5 and 183) that I had promoted a chronic disease model of HIV/AIDS that was useful to some political groups and that I had endorsed a different model several years earlier. In both instances I was observing, not preaching; a crime reporter, as it were, rather than a criminal. Moreover, during the first few years that my colleagues and I argued that policy for AIDS was increasingly resembling policy for chronic disease management, we were more often attacked than applauded in both the UK and the U.S.

Hannaway and her colleagues commissioned fifteen papers. Nine of them are informative and engaging autobiographical accounts by distinguished participants in policy making, research, clinical medicine, and journalism (some in several of these roles) during the epidemic. Particularly insightful and moving are the essays by C Everett Koop, former U.S. Surgeon General, James Curran, an official of the Centers for Disease Control and Prevention, Anthony Fauci, director of the National Institute of Allergy and Infectious Disease, and Mark Smith, an internist who is now President of the California Health Care Foundation.

Most of the other papers, by professional historians and a physician-anthropologist, are informative. Noteworthy are Victoria Harden's review of the response of the National Institutes of Health to the epidemic, Anne Marie Moulin's study of blood transfusion and the transmission of AIDS in France and Maryinez Lyons' paper on AIDS among women in Uganda.

Berridge makes an analogy between British mobilization for World War II and AIDS policy

in the late 1980s in both her book and her paper in the volume edited by Hannaway *et al.* Historians had a good war both times.

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Stephen R Kandall, with the assistance of Jennifer Petrillo, *Substance and shadow: women and addiction in the United States*, Cambridge, Mass., and London, Harvard University Press, 1996, pp. xiii, 353, illus., £19.95 (hardback 0-674-85360-1).

In July 1989, Stephen R Kandall, the author of this book, found himself in a Central Florida courtroom testifying on behalf of Jennifer Johnson. Johnson, a young African American woman, had been charged with delivery of a controlled substance (cocaine) to a minor. The prosecution alleged that the delivery had been made in the short time between the birth of her baby and the clamping of the umbilical cord. Johnson was convicted, but, in 1992, the judgement was overturned by the Florida Supreme Court. "The Court declines the State's invitation to walk down a path that the law, public policy, and common sense forbid it to tread."

Kandall, with long experience through the Beth Israel medical centre in New York in caring for drug-exposed babies and with extensive publications on the effects of maternal drug use in pregnancy, realized that he knew little of the history of womens' involvement in drug use, and consequent stigmatization. This book is the result. Exclusively American focused, it traces the involvement of women with drugs since the nineteenth century and the ways in which the issue has been publicly presented. Women, he argues, have always formed a large proportion of those who use drugs, but only at certain stages has their use emerged as a matter of concern. The easy availability of opiates in the nineteenth century, physician prescription, opiate-based patent medicines, the use of women oriented diagnoses such as neurasthenia, created a widespread female user clientele.