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eugenics from the 1930s (by which time it had effectively lost steam as a campaign) to the age of the Pill and legalized abortion. He traces the highjacking of the cause by younger researchers, above all, David Glass, who used its good offices, and its funds, for social science investigation into demographic problems. By demonstrating that, with an ageing workforce, Britain's problem was likely to be under- rather than over-population, Glass, Eversley and Titmuss mined the basic premisses of the movement.

Soloway also elegantly suggests that the British refuted the need for "eugenics", in their bedrooms. They stood by the nuclear family, took to contraception, and reliably produced 2.4 children per couple. With growing prosperity, they were visibly healthier than the "unfit" specimens over whom early eugenicists had fretted.

Eugenics has now been comprehensively surveyed by Kevles and Soloway. To prevent overpopulation, responsible scholars should now exercise voluntary restraint.

Roy Porter, Wellcome Institute

FRANK HONIGSBAUM, *Health, happiness, and security: the creation of the National Health Service*, London and New York, Routledge, 1989, 8vo, pp. xv, 286, £35.00.

Anyone who knows Honigsbaum's book on *The division in British medicine* is already familiar with his thorough scholarship. His new volume dealing with the role of civil servants in the creation of the National Health Service is yet another example of his careful research and analysis.

Honigsbaum chronicles a battle from 1936 to 1948 between two opposing factions whose ideologies stemmed from different social standpoints. The most significant theme in his story is the influence of the British social class system lurking behind all negotiations surrounding the NHS. On one side there were Oxbridge-educated, distinctly upper-class civil servants imbued with the highest ideals of service and *noblesse oblige*. On the other was the general-practitioner stratum of the medical profession, whose history of commercial competition had turned them, in the eyes of the civil servants at least, into tradesmen. The chief civil servants, above all Sir John Maude, the permanent secretary at the Ministry of Health from 1941 to 1945, were horrified by this degradation of what should have been the most noble of professions and sought to elevate doctors to gentlemen by making them salaried employees in a government service. General practitioners, however, protected their economic and occupational independence more jealously than anything else and believed they had witnessed its diminution, first by club practice, and later, most seriously, by the introduction of National Insurance in 1911.

Municipal administration of the system was logical to tidy-minded civil servants. To GPs, however, who hated the sight of Medical Officers of Health for encroaching upon their territory and stealing their business with their municipal child and maternity clinics, it was an anathema. The aloof Maude was surrounded by "yes-men" within his department and those who did try to communicate the mood of the profession to him, like the C.M.O. Sir William Jameson and Charles Hill, the president of the BMA, were either ignored or despised. The strategy of the profession was to move the battle-ground to institutions outside the Ministry, such as the BMA's representative committee. They succeeded in sending the planning process into a state of disarray until Maude's successor at the Ministry, Sir Henry Willink, conceded almost all of the doctors' demands.

Perhaps the most interesting portrait amongst many here is that of Aneurin Bevan. Honigsbaum describes Bevan's acute political judgement as a mixture of pragmatic flexibility, creative genius, and Machiavellian cunning, which brought the government back from the brink of total surrender to the medical profession in 1945. The Labour radical kept socialism in his back pocket while he played off the aims of Lord Moran's consultant service against those of the GPs, offering sticks and carrots to bring the profession into the scheme. According to Honigsbaum, Bevan's trump card was the nationalization of the hospital service, which eliminated the ferocious battle over municipalization overnight. The profession coalesced, the

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Ministry prepared dutifully to administer the service, and Britain obtained health care free at the point of delivery for all—a system which, despite exceeding all original financial estimates, became, in fact, the most cost-efficient in the world.

Bevan realised a socialist dream, but Honigsbaum claims that the real ideological roots of National Health provision were the Christian principles of nineteenth-century reformers, such as the Conservative prime minister Benjamin Disraeli, who acknowledged that without a healthy people a nation possessed nothing. Recent historians, such as Charles Webster in his history of the Cabinet Office politics of the NHS, would challenge this assumption. In Webster's story, Labour politics were critical to the outcome. Honigsbaum's study, however, largely complements rather than contradicts Webster's analysis. Honigsbaum greatly enhances our understanding of the role of the civil service way beyond the review by John Pater, which suffered the inevitable limitations of being written by an insider. The book marvellously helps complete the jigsaw of the origins of the National Health Service.

Dorothy Porter, Harvard University

JOHN A. RYLE, *The natural history of disease*, 2nd ed., 1948, repr. ed. with an introduction by Michael Shepherd, London, The Keynes Press, 1988, 8vo, pp. xxiv, 427, £50.00, abroad £57.00, USA \$95.00.

John Alfred Ryle, a leading member of London's clinical élite in the 1930s, became Regius Professor of Physic at Cambridge in 1936. In an unprecedented and dramatic career change he resigned this appointment in 1942 to embark on an educational adventure, trying to establish a new discipline called "social medicine" as a fundamental feature of a revised medical curriculum. Already famous for his clinical achievements, Ryle became the centre of reform of both therapeutic and preventive medicine in Britain in the 1940s. Equally he impressed his contemporaries in the United States and was a comrade-in-arms of such European pioneers as René Sand, the first Belgian Professor of Social Medicine.

In these essays, first published in 1936 and then in 1947, Ryle articulated his view of the physician as a natural historian, an exploratory observer of the organic functions of man, as opposed to a simple healer of the sick. As a natural historian, the physician, Ryle believed, fulfilled a much more expansive role as both a student and teacher, or proselytiser, of health in the true Hippocratic tradition. In this context he saw the practice of the physician as more akin to that of an ornithologist rather than of a therapeutic technician, watching a bird called man using the classic observational methods of Gilbert White and Charles Darwin. He used examples of physicians who excelled as naturalists, such as Richard Bright and William Gull, to illustrate how this method had vastly advanced the study of medicine.

Ryle's reason for highlighting the physician as naturalist was not simply a quaint nostalgia, or cultural snobbery. His aims were much more concrete and purposeful. Ryle was disquieted by the technological take-over of modern medicine. He feared for the future of the medicine practised in his own time, with its increasing dependence on biochemical testing, drug treatments, and "heroic" surgery. The seductive efficiency of the laboratory gave the false impression of rendering the observational skills of the physician redundant. But, warned Ryle, laboratory medicine was only successful in enhancing the prevention and treatment of a narrow range of largely infectious diseases. Chronic conditions and inborn errors of metabolism remained therapeutic mysteries to the medicine of his era. Their ever-rising incidence amongst a changing demographic structure indicated to Ryle that the observational skills of the physician must by necessity become more acute, firstly to fathom them, then to anticipate their development, and finally to develop effective therapies.

Ryle noted that the finest clinicians, such as William Heberden, relied upon observation at the bedside to predict the course of the diseases of whose origins they were ignorant. He believed that the art of accurate prognosis still offered the best opportunity for successful management of diseases where medicine remained largely in the dark. He gave his experience in treating such conditions as duodenal ulcer as a classic example of how these clinical methods could successfully manage the disease and avoid the horrors of unnecessary surgical intervention.