

Book Reviews

Among the things that make *In search of a cure* stand out from similar histories is the author's steady attention to background research that supported discovery of pharmaceuticals, sometimes in distant fields. His chapters on the physiological basis of medicine and cancer bear this out well. Another noteworthy character of this book is Weatherall's refusal to rest on the introduction of a pharmaceutical and its assimilation into the therapeutic armamentarium. He often reminds the reader of the problems with a particular drug, and why the search for a better pharmaceutical continued.

In a work of this breadth one would expect to find more errors of fact or omissions than I was able to detect; none seriously detract from the book. For example, he does not list Philip Hench among the winners of the Nobel Prize for Physiology or Medicine in 1950 (even though he cites Hench's Nobel lecture in the endnotes, p. 95). The chapter on deficiency diseases gives short shrift to the contributions to vitamin work by researchers at the University of Wisconsin in the early twentieth century (chapter 7). John Sheehan is not given the credit he deserves for the semisynthetic penicillins (p. 177). And Weatherall's lamentation about industry's low priority for the development of drugs for rare diseases (p. 278) does not mention the 1983 Orphan Drug Act in the U.S. The author implies that a drug history written by a person with scientific training should be preferred over one by a person without such training (p. 168). One could easily substitute "historical" for "scientific" and make as plausible a claim.

In search of a cure should stand out for some time to come as one of the better single-volume histories of drugs. It is reliable (the above points notwithstanding), well-documented, thoughtfully argued, and organized in a reasonable way. Historians should make it their book of choice for the subject.

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ANGUS McLAREN, *Our own master race: eugenics in Canada, 1885–1945*, Canadian Social History Series, Toronto, McClelland & Stewart, 1990, pp. 228, (paperback, 0-7710-5544-7).

In a review in this journal Roy Porter suggested that the history of eugenics had in recent years been comprehensively surveyed and to prevent "overpopulation" recommended that responsible scholars exercise voluntary restraint. While he was specifically referring to Great Britain he might well have had in mind also the numerous studies of the subject in the United States, France, Germany, and the Soviet Union. Angus McLaren's modest introduction to the eugenics movement in Canada indicates that Porter's admonition has not halted the proliferation of books any more than eugenic warnings curtailed the propagation of the so-called "unfit" earlier in the century.

In McLaren's case the result is a readable, interesting survey that complements rather than revises or reinterprets existing histories of eugenics in other countries. Many of the same fears and concerns that motivated eugenicists elsewhere, particularly in the United States and Britain, were central to the Canadian movement—immigration, the proliferation of the feeble-minded, differential fertility, and racial "inefficiency", all fuelled by an exaggerated belief in the predominance of deterministic hereditary factors.

Similarly, as in other countries, Canadian eugenics drew much of its support from the professional middle classes, particularly doctors, psychiatrists, psychologists and social workers, many of them in university posts. According to McLaren, who is especially contemptuous of doctors and other so-called experts in the rising healing professions, their loss of faith in nineteenth-century liberal individualism coupled to their selfish preoccupation with professional enhancement and power, combined in an advocacy of state intervention, guided by their expertise, to prevent further racial decay and to assure the revitalization of the fitter stocks in the country. As in the United States, where Canadian eugenicists tended to find their models, this was translated primarily into immigration restrictions and marginally successful efforts to pass sterilization legislation.

Although the number of avowed eugenicists was impossible to determine and the Eugenics Society of Canada, not even established until 1930, attracted no more than a hundred members, McLaren is certainly correct in his claim that eugenic beliefs were far more pervasive

than these numbers would indicate. In contrast to Great Britain and the United States, scientific criticism of eugenic claims was rare in Canada, and it was only the rise of Nazism and the horrific revelations of the Second World War that effectively brought eugenics into disrepute, as it did in most other countries.

Unfortunately McLaren touches upon far more intriguing issues than he develops. Though he mentions the importance of Catholic opposition to eugenics and birth control, and alludes to the unique problem of the French Canadians with their larger families, he does not really integrate the subject into his narrative. Along the same lines, he lapses into occasional feminist digressions about the evils of male chauvinism (especially in the medical profession) and its deleterious consequences for women, but does not explain the widespread, enthusiastic support of women's organizations for eugenic legislation, nor does he seem to find it odd that the two most important advocates of eugenics in Canada, the social reformer Helen MacMurchy and the geneticist Madge Thurlow Macklin were both women.

If McLaren has perhaps showed too much restraint in surveying his subject he has in this introductory work nevertheless raised a number of provocative questions that would be well worth exploring in more depth.

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CHARLES E. ROSENBERG, *The care of strangers: the rise of America's hospital system*, New York, Basic Books, 1987, 8vo, pp. x, 437, illus., £15.50.

In this masterly work, Rosenberg argues that the history of twentieth-century medicine, the medical profession and medical care, cannot be understood properly without explaining the origins of the hospital. In the United States, as in Britain, hospitals in 1800 were peripheral to medical care: they were few in number, treating only the poor for a limited range of complaints, with little intervention from the medical profession. Yet by 1923 in the United States there were 4,978 hospitals and, Rosenberg argues, all the patterns of the hospital's centrality in modern medicine had been laid down. Focusing particularly on the period between the Civil War and 1920, he shows how and why this came about, how the hospital became the locus for medical education and integrated into the career patterns of physicians, how it replaced the family as the site for treating serious illness and managing death, and how it became clothed with the legitimating aura of science. Rosenberg does not conclude—with some critics of the modern hospital—that it was all a massive mistake perpetrated on society by medical conspirators. For him hospitals are the creation of a society in a much wider sense. Physicians would not have succeeded in persuading their middle-class patients into hospital if there was not some kind of shared appreciation of what a hospital had to offer.

In the early nineteenth-century hospital Rosenberg identifies, as he has elsewhere, two sub-cultures—that of patients and their attendants, and that of lay trustees and medical staff. The social origins of each group were similar, and although there was some conflict within each sub-culture (lay patronage of poor patients conflicting with medical interest in teaching for example), the two sub-cultures barely interacted. That pattern was eroded over the years.

As Parisian clinical ideas spread, so the hospital began to be used by doctors not just for status but also for access to clinical material. Rosenberg shows how medical men consciously used hospitals as routes to prosperity, and how medical education came to be wedded to hospital practice. The germ theory was crucial in fostering the development of the hospital, particularly through the extension of surgery after the introduction of antiseptics, and in the way that science, rightly or wrongly, became associated with the hospital in both public and professional minds. The introduction of nurse training helped to change the image of the hospital: private patients were wooed into and in turn revolutionized the hospital. The new promise of surgery played its part in luring the new patients in. It was the surgical not the medical pay beds that were filled first. It was the surgeon, not the physician, who became associated with the hospital. As the demand for hospital treatment grew, there was a period in which the rich and the poor were to be found in hospital, not the middle classes, who could not afford the payments now demanded of them.