my ideal historical compendium, the *Dictionary of National Biography*, authors are given a clear pattern, which has to be followed, and the subsequent editorial process is unusually meticulous. The result is far from bland uniformity (as see the accounts), but a backdrop of facts in their accustomed place together with individuality where it is appropriate, in the section evaluating a person's contribution. There is no reason why such a model could not be applied widely to other genres of books (though, admittedly, the *DNB* has a considerable financial subsidy and a generous staffing of experts).

Whatever the future of compendiums (which clearly has to involve the Web), in recommendations for the present publication I have to fall back on the old cliché: this *History* is too flawed for the individual to purchase, but parts of it are too noteworthy not to be on the shelves of every library. I wish, though, that the editors had sat down for a couple of months and distilled all the facts in this book into a compulsively readable account of 200 pages. They would have needed to add material quite often, but the result, which they are clearly capable of, would have been a masterpiece.

The History of British General Practice

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Anne Digby, *The evolution of British general practice, 1850–1948*, Oxford University Press, 1999, pp. xiv, 376, illus., £48.00 (hardback 0-19820513-9).

Irvine Loudon, John Horder and **Charles Webster** (eds), *General practice under the National Health Service 1948–1997*, London, Clarendon Press, 1998, pp. xxix, 329, £50.00 (hardback 0-19-820675-5).

The preface to the second volume reviewed here provides the essential map to this particular history of British general practice. A small committee, meeting in 1991, agreed to pursue the publication of a history of general practice; Loudon had already published his *Medical care and the general practitioner* covering the years 1750 to 1850, so it was decided to make a trilogy of it with a further two volumes. The start date of 1850 clearly had to follow from Loudon's work. The end date was to be 1997—taking events right up to publication—and the date in the middle, to split these two books from each other, was chosen as 1948.

These decisions were important because they informed much beyond the simple time span of each of the histories. Choosing 1948, for instance, as the turning point between both books might be seen as curious. Certainly there was a major change in the way health care was provided in 1948 with the advent of the National Health Service (though how big a change for the health of the population and for clinical practice, especially after the war-time Emergency Medical Services, remains debatable). Yet did 1948 figure largely in the

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history of general practice? The problem is that in finishing or beginning in 1948 it is difficult for either volume to offer a good analysis. As it is, Digby offers a few words on this watershed but only by going beyond her brief and looking at the reception of the NHS in the immediate years after, while some authors in the following volume try and place general practice and the NHS in their historical setting by ranging across health care reforms during the twentieth century. But, more importantly, the choice of 1948 as the year to hand on the baton provides a context—and even straitjacket—for the two histories. As Nick Bosanquet and Chris Salisbury point out in their chapter in the second volume, general practice can refer to a surgery building, a team of professionals, a model of organization or a set of business accounts. Yet by pivoting the histories around 1948 the "organizing committee" have succeeded in emphasizing a history of general practice in a context of health care organization.

The other decision to finish the series in 1997 potentially brings the story up to the present but also risks merging history with news. Indeed, given the new administrative structures that have pervaded general practice during the 1990s, together with proposals for further potentially fundamental changes in the new century, it would seem difficult for anyone to grasp the changes that general practice was going through never mind their longer term significance: how could a historian distil the unorganized raw events of the immediately preceding years into a coherent history? Well, we never find out. The decision was made to offer a multi-authored book and all fifteen authors and co-authors bar two might better be described as practitioners rather than professional historians.

But the nineteenth and early twentieth centuries seemed safer and they were given to a single historian, Anne Digby. She calls her book quite self-consciously *The evolution of British general practice*. The idea of evolution here is a Lamarckian one, she assures us, governed by a state of instability as adaptation to a changing environment takes place. Further, to explain the "success" of individual doctors, she employs what she calls a "social Darwinistic interpretation". Perhaps fortunately, it is difficult to follow these methodological prescriptions in the actual body of the text, even less make sense of the relationship of general practice and a changing environment. One of the problems with applying an evolutionary model to social change is that it is never clear what is foreground and what is background: is a busily adapting general practice embedded in a background socio-political environment or is it a case of individual general practitioners (GPs) busy adapting to the environment of general practice? Or is everything changing at such a rate that a stable environment becomes difficult to identify? In fact, this methodological position seems to have emerged from Digby's former work in this area that emphasized the importance of demand and supply factors in the history of doctors. So, for "social Darwinistic interpretation" read "economic competition". It was the over-supply of GPs through much of the nineteenth century, according to Digby, that determined much of the history of general practice during the period. Yet this is a strange economic model: over-supply of medical graduates together with static demand producing low income and misery. Why was the demand for medical services a fixed variable in this model? Did it not change with economic prosperity (as it does today)? Did it not respond to lower "prices" from the competing doctors? And why in this model was the problem not resolved by bankruptcy and a downward adjustment in supply as in other areas of economic life? Certainly economic factors are important but surely one of the cardinal features of a profession is its attempt to usurp market forces; but that would require an analysis that was willing to place the market in the

environment of general practice just as assuredly as the other way round.

Digby's other strategy is to listen to the GPs themselves. For the more recent period she has used oral histories collected from GPs; for the earlier period she makes creative use of their obituaries. By coupling the latter with the *Medical Register*, she is able to compare the place of qualification and place of (final) practice, and so produce diagrams of the major medical graduate flows throughout the period. GPs' obituaries, taken from the *British Medical Journal* and sampled on a decennial basis between 1850 and 1970 (the latter cut-off to catch GPs up to 1948), also provided a cinematic picture of changes in general practice over the period. Obituaries, as Digby recognizes, provide a particular form of rhetoric (it is remarkable how many GPs were deeply loved by their patients!) but they still provide a rich source of material to supplement a sometimes limited archive. There are glaring holes in the historical records—little on practice organization, or on clinical work, for example, but a surfeit even of financial records (which supports Digby's emphasis on the economic picture). This means that, at times, her themed approach to the history of general practice in this period has a very broad sweep. An exploration of how GPs used their time runs from details derived from a ledger of 1876 to the demands for rapid surgery throughput with National Health Insurance of 1911 through to the problem of list sizes in the new NHS.

Careful historian though she is, Digby was clearly seduced by the "evolution" of general practice. In the final chapter she can summarize her story and pay tribute. Where would we be in Britain without our GPs, she declares? What misery for the poorer British citizen if the GP (and NHS) had not "evolved" to meet their health needs? People would, apparently, have been denied access to drugs and the new medical technologies. How curious then that other western countries, many of them without such a well-developed primary care sector, have managed this feat and in most cases probably surpassed the British NHS. It is a particular British conceit to claim that the NHS is the envy of the rest of the world when the rest of the world would probably be a lot more critical if it were even bothered to look. Digby would have been better studying her theory of evolution or waiting for the judgement of history—or perhaps a closer read of the subsequent volume?

The second volume in the history reviewed here (and third in the overall series) is edited by professional historians but is largely written by leading GPs of the period. In effect, much of the volume is a sort of oral history but one unfiltered by historical overview or critique. Thus in his opening chapter David Morrell recounts that at a meeting at the British Medical Association in 1994 the profession's "ancient values distilled over time" were reaffirmed. This seems a far cry from the economically determined GP that Digby describes and indeed is, as Morrell acknowledges, a personal view. But what are we to make of a collection of personal views? For example, the periodization of the post-1948 years seems open to personal whim. Morrell identifies 1978–87 as 'The happy years' (for whom, I wonder?), Pereira Gray picks out 1962 to 1981 as 'The introduction of vocational training', Bosanquet and Salisbury categorize 1966 to 1990 as 'The period of radical change', Ian Tait and Susanna Graham-Jones see 1971 to 1985 as 'The good years' while Webster picks out 1974 to 1979 as a period of 'Retrenchment'. History might be richly textured but the effect here is often rather bumpy. There are many histories of general practice in this book, the sort of raw material that oral histories produce, a series of personal accounts of incidents and events that the respective authors felt have shaped general practice, but it is largely up to the reader as historian manqué to try and pull the threads together.

The professional historians offer no overview and simply contribute their own individual threads. Webster presents an account of the "politics" of general practice that addresses politics at a higher level than that experienced in the everyday work of most of the GPs in this book. Loudon (together with a GP, Michael Drury) offers a descriptive epidemiology of clinical care but this often seems to be more of a backdrop to general practice than a detailed description of the changing "pathology" entering the consulting room. The chapters that work best are those that are "grounded" in the everyday life of general practice rather than describing the changing context of practice. Bosanquet and Salisbury come near it in their analysis of changing premises, staffing, activities and finances, though their eye frequently wanders to the apparently bigger picture of official reports and legislative events. This means it is left to Marshall Marinker to offer perhaps the most interesting analysis of the period that relies not overtly on personal experience nor on the "official" record.

Marinker takes general practice from the bottom up and begins with the big GP question, "What is wrong (with this patient)?", a question that is asked and has been asked thousands of times a day. Then he asks the important supplementary question: "And how do we know it?" For Marinker it is not a question of resorting to the changing morbidity tables that Loudon and Drury reproduce but to the changing ways of knowing that affected general practice during this period. The patient and his or her illness was not a constant but a kaleidoscope of changing interpretations as the "problem" was perceived and re-perceived by the attentive clinician. As the doyen of general practice theorists at the time, Michael Balint, put it, a key function of the GP is to "organize unorganized illness". This meant bringing in patient biography and social context and the particular relationship between doctor and patient as much as conventional medical disease categories. In effect, this reflective view of general practice offers a different way of seeing the history of the latter part of the twentieth century (and presumably for the earlier period as well), one that unifies the grounded practicalities of everyday GP work with the overarching ideas that both acted upon and emanated from general practice.

The approach of asking not only what was the GP doing but also how did his or her perception of the nature of the problem interact with those actions also begins to put flesh on a ghost that is largely absent from these two volumes. As Honigsbaum described it, a great division began to emerge in British medicine about a century or so ago between the hospital and general practice. In this sense, general practice exists only in its relationship to hospital medicine; without the hospital there would be no discernible general practice. To be sure, Digby does at times mention the hospital as do authors in the second volume, but always as something distant and removed from general practice rather than the other side of the medical coin. And with the rapidly changing form and structure of the hospital (such as the loss of two-thirds of all hospital beds in the last forty years) the future of general practice seems even more inextricably linked to its shadowy tango twin.