feel of a disparate collection of contributions. On the one hand the rich oral data gives a vivid picture of community nursing in a variety of settings, urban and rural, across the British Isles. On the other, chapters such as the ones on professionalism and the image of the community nurse are redolent of sessions on a student curriculum.

My main perplexity with this book is its selectivity with chronological boundaries. The authors say that they have concentrated their work on the period up to 1979 because events after that are too close to be dealt with objectively. But at times the authors allow themselves incursions into and beyond the 1980s when, as in the discussion of the language of care, it suits their purpose. The authors also admit that they have not discussed all of the huge range of legislation pertinent to community heath passed since the 1960s. Their reason for this is that the book is not solely a political history of community health care. With the title of the book as it is, readers might expect the seismic policy shifts of the 1980s and 1990s to be covered.

But they will be compensated with other content. This book makes a significant contribution to the history of caring so needed alongside the predominance of histories of management and professional formation in the canon of history of nursing publications.

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Morrice McCrae, *Physicians and society: a history of the Royal College of Physicians of Edinburgh*, Edinburgh, John Donald, 2007, pp. 282, illus., £25.00 (hardback 978-0-85976-698-2).

This book promises much. The press release which accompanied its launch described it as a "remarkable social history" and the preface claimed that the founding members resolved to "take the lead" in providing free medical care to the poor of Edinburgh and that the College remained the "chief agency in promoting

measures to secure and maintain the health of the people of Scotland" for the two centuries following its foundation in 1681. The volume fails to support these initial claims, despite the author's mastery of his sources and a deft touch in telling his story.

The early chapters eloquently chart the impact upon the College of the political and religious upheavals of the late seventeenth and early eighteenth centuries before turning to more familiar territory, with sections on the emergence of the Edinburgh Faculty of Medicine and the Royal Infirmary. Many of the subsequent chapters are crafted around the contributions of individual physicians, with extended biographies. Chapter 5, for example, examines William Cullen's contribution to the medical curriculum, and chapter 6 is headed 'The invention of medical ethics: the legacy of John Gregory'. Chapter 8—'Certain measures for the public good'—is a detailed account of the deliberations of the six committees set up in 1791 at the instigation of Andrew Duncan to report on inoculation, asylums, apothecary shops, sea bathing, and vapour baths; the focus of the sixth committee is not revealed. The author admits that their recommendations were not implemented because of a lack of good will on the part of a "tiny and corrupt ruling elite" (p. 127).

The author pinpoints the plight of the urban poor as the great social problem of the mid-nineteenth century and asserts that the College "played the leading role in ensuring that relevant legislation conformed to the problems as they existed in Scotland" (p. 133). It is clear, however, that the College enjoyed very limited success in its attempts to influence public health measures. McCrae offers no evidence to support his claim that its attempts to improve the medical provisions of the 1845 Poor Law Amendment Act bore fruit (p. 161); one offshoot, the 1852 College report on medical aid in the Highlands and Islands, had no obvious impact, and another sixty years elapsed before the creation of a Highlands and Islands Medical Scheme. A similar outcome befell College attempts to influence the deliberations of the General Board of Health

during the 1848 cholera epidemic, medical registration (chapter 12) and mid-nineteenth century legislation dealing with mental health (chapter 14). When the College was involved, it often had equal representation with the Royal College of Surgeons of Edinburgh. The one area where the College did claim priority was in the establishment in 1887 of what is stated to be Britain's first medical research laboratory.

The final sentence of the last chapter—a miscellany which includes accounts of the Scottish triple qualification, the school of medicine of the two Edinburgh colleges, and a perfunctory summary of the Edinburgh School of Medicine for Women—asserts that "at the end of the nineteenth century the Royal College of Physicians of Edinburgh was already playing a leading part in preparing for the medicine of the twentieth century" (p. 260). This is a disappointing ending to a book whose cover notes claimed it would provide a social history of the College from the foundation in 1681 until 1918.

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David Cantor (ed.), *Cancer in the twentieth century*, Baltimore, Johns Hopkins University Press, 2008, pp. vi, 350, £16.50, $25.00 (paperback 978-0-8018-8867-0).

Cancer is a twentieth-century disease. While it was not unknown before, it was in the twentieth century that it became such a dominant force, recognized as a leading cause of death and the focus of high-profile advocacy movements and a national research enterprise. By 2010, according to the International Agency for Research on Cancer, cancer will become the leading cause of death worldwide.

Cancer in the twentieth century is a collection of twelve essays developed out of a conference held in 2004 at the National Institutes of Health in Bethesda, Maryland. The papers, which focus primarily on Britain

and the United States, are loosely grouped into three areas—education and marketing around cancer, therapeutics, and prevention and risk. While they are distinct papers, using a variety of different historical approaches, some compelling common themes emerge. Indeed, an extensive introduction by David Cantor does an admirable job of synthesizing the various papers. Specifically, Cantor emphasizes the diversity of definitions and approaches to cancer control and cancer prevention that appear throughout the century. While early intervention was a consistent theme, opinions have diverged over where exactly to place the locus of intervention. Cantor states that the concept of cancer prevention is as old as cancer itself, but that what has changed is where prevention proponents target their efforts. For much of the century, American and British cancer prevention efforts were dominated by a focus on "early detection and treatment". But in the 1960s and 1970s cancer prevention was "reinvented" with an emphasis on lifestyle and environmental causes of cancer, such as cigarette smoking and chemical exposures. Since then, we have seen an ongoing tug of war between these two different approaches to prevention, as they fight for a limited share of public attention, political support and financial resources.

The first group of papers highlights the diversity of methods of communicating information about cancer and ways in which it is portrayed to the public. While the focus on early detection and treatment might appear to be a simple matter of education and raising awareness, these papers illustrate how public perceptions of cancer have been shaped throughout the century by the interests of advocacy groups and Hollywood movie producers. For example, Gretchen Krueger explains that while "poster children" were used to convey messages about treatment of childhood cancers, they were also intended to elicit emotional responses and financial support from viewers.

While substantial progress has been made in the treatment of various cancers, papers in

122