humane treatment, that will leave readers so disheartened. Optimism and conviction give way to despair and backtracking. Private madhouses, once excoriated by the public asylum "masters", are eventually but grudgingly endorsed. Medical treatments, avowedly eschewed in favour of moral treatment, are similarly embraced in time. The authors' cautionary tale of unbridled faith in institutionalization includes a prescient warning by Henry Maudsley, who anticipated not only yesterday's enthusiasm for anti-psychotic medication, but today's penchant for depression's "designer-drugs". The question surrounding drug prescription, Maudsley posed in 1871, was larger than whether medication promoted recovery: it was "whether the forcible quieting of a patient by narcotic medicines does not diminish his excitement at the expense of his mental power—whether it is not, in fact, 'to make solitude and call it peace'" (p. 241).

Maudsley's caution and the experiences recounted so tellingly by the authors of *Masters of Bedlam* compel us to reflect anew on what we have learned about confinement and treatment, and what few alternatives are depressingly available to us.

Joel Peter Eigen,
Franklin and Marshall College

John M Eyler, *Sir Arthur Newsholme and state medicine, 1885–1935*, Cambridge History of Medicine, Cambridge University Press, 1997, pp. xviii, 422, illus., £45.00, $64.95 (0-521-48186-4).

"John Eyler does it again" is an inelegant if not inappropriate response to this book. *Victorian social medicine* (1979) analysed the ideas and methods of William Farr, the man whose construction of Victorian cause of death statistics made state medicine in Britain possible; *Sir Arthur Newsholme* describes the career of England's last Local Government Board Medical Officer, the man whose retirement in 1919 ended the tradition of Victorian state medicine. The former is essential reading for anyone who wishes to understand the making of public health in nineteenth-century England, the latter will be required reading not only for those who wish to understand the condition of public health at the end of that era, but also for those interested in the development of health and welfare provision in twentieth-century Britain. Newsholme's career (1888–1919) took him from public health responsibilities in the well-conducted resort of Brighton to the complexities of national planning in the coulisses of Whitehall, and spanned the thirty crucial years at the turn of the century that witnessed the transition from an environmentalist tradition of preventive medicine to one centred in education and social services. In terms of historical material and interpretation, this is a huge and ambitious project, handled with deftness and discretion. Lucidly written by an author who never seems in danger of losing control over his sources, *Newsholme* is a work of substance and maturity, of careful scholarship and tempered judgement.

Newsholme's ideas and professional activities form the essential subject of this book, and Eyler has chosen to explore them through a series of career vignettes selected from his work first at Brighton, and then at the Local Government Board, with a final chapter on his very active retirement as an elder statesman. From Brighton come discussions of, for example, the problems which meat supplies and oysters presented to public health and the local administration, as well as the more familiar issues of drains and housing, tuberculosis and infant mortality; from the LGB, poverty and national health policy, tuberculosis and venereal disease, and the Great War—listings which give little idea of the delicacy with which Eyler makes these vignettes illuminate the ways in which action and policy on health matters were framed and executed both at national and local level. Newsholme's own method, developed at Brighton, but very much in an established Victorian tradition, was to study a given

problem epidemiologically (through careful investigation of trends in mortality and morbidity) before formulating a practical solution or policy. It was a method which, Eyler plausibly argues, led to socially sensitive and constructive ideas and policies which, if pursued in the longer term at national level might have led to earlier remedial action on child health and maternal mortality during the interwar period. Newsholme was a man driven by a strong sense of moral purpose, intelligent, of great personal integrity, who came up against powerful operators in his own and related fields who were less scrupulous and more adept at political intrigue and character assassination than he was. His reputation as an epidemiologist was denigrated by Karl Pearson, Major Greenwood and Raymond Pearl; his reputation as an administrator by the ambitious, arch-intriguer George Newman. Newsholme's enforced retirement when Newman was appointed Medical Officer to the new Ministry of Health in his stead was greeted with genuine regret by local medical officers of health; Eyler's account restores Newsholme to what is surely his rightful place as a thoughtful, far-sighted and pragmatic administrator, the success of whose later career was compromised by the confusions and consequences of war.

State medicine as an independent entity plays little direct part in this book, although hand in hand with Newsholme in the title. The detailed chapter analyses provide an admirable account of how this Victorian policy invention worked in practice, and Eyler provides an excellent and succinct last chapter placing his study in the context of current historiography of the field, but a larger framework of explanation, subsidiary and complementary to Newsholme himself, would have been welcome. Newsholme's career was, after all, in many senses the culminating chapter in the history of state medicine, and it seems a pity that this should not have been explicitly explored. It may, of course, be that this perspective was neglected by design, to accommodate some unjustifiable insistence of the publishers on the need to restrict word length. At 400 pages, *Newsholme* was probably pushing its luck in CUP's eyes. Tell-tale items may be discerned by the critical reader—Newsholme's handling of the 1918 influenza epidemic crisis, for example, examined over just two pages in the concluding survey (pp. 388–89), seems a prime candidate for fuller examination. If wishes were publishers, authors would ride. John Eyler is one who could with justification be trusted to do so.

Anne Hardy,
Wellcome Institute for the History of Medicine

David J Rothman, *Beginnings count: the technological imperative in American health care*, Oxford University Press, 1997, pp. xii, 189, £24.95 (0-19-511118-4).

The United States spends a good deal of money on health care ($3219 per capita in 1995), much of it on the "powerful and costly medical technologies" for which US medicine is known world-wide (p. 3). And the US remains the only country where a substantial amount of health care is paid for by individuals directly (20.8 per cent) or through private, non-governmental, health insurance (31.5 per cent). In his historical essay on medical technology, David Rothman puts these well-known facts together, arguing that "since the 1930s, health care policy in the United States has reflected the needs and concerns of the middle classes" (p. 4): specifically, their "romance with medical technology" and their preference for using the marketplace, not government, to satisfy their medical wants. The result, he argues, was a medical care system which was not only the costliest in the world, but which left those unable to afford it "to fend for themselves" (p. 5).

Rothman presents his case through a series of chapters which alternate discussions of medical technology with discussions of health care finance: iron lungs for polio victims are paired with the rise of Blue Cross health insurance, 1930s to 1950s; a chapter on the introduction of Medicare (1965) is followed by