medicine community. Moreover, since Briggs has gone for readability, it is also of limited use as a reference work (the one great strength of those earlier impenetrable volumes).

The other main problem with institutional history is what to write about. The RCPL is a medical examining body, but it is also the voice of the metropolitan medical elite and thus carries great weight within medicine and has some policy influence. Briggs does not examine the social/professional/epistemological basis/bases of College power or how it was maintained. He notes the clinical bias but does not comment on the College’s position(s) on the relationship between clinic and laboratory. He notes (in the case of George Godber) the interpenetration of government by Members and Fellows, but fails to explore adequately the ramifications of this point. Briggs organizes his material in two ways: specific broad contextual themes (for example, the NHS 1946–68 and 1968–84, ‘Smoking and health’, although in this last there are no references to the work of Virginia Berridge), and catch-all general chapters like ‘Five Presidents’ or ‘Munk’s Roll’. These latter are entertaining and methodologically justifiable as prosopography, but are rather anecdotal and break up the flow of the narrative. In the former, Briggs seems to err too much on the side of general context of medical politics, rather than focusing on the role of the College. One can sometimes forget one is reading a history of the College at all, so infrequently is it mentioned. Briggs is cleverly insightful in choosing to dedicate a chapter to “communicating”, although, again there is little acknowledgement of the existing secondary literature (Anne Karpf, Virginia Berridge, Kelly Loughlin, etc.).

In general there is a frustrating lack of references for large swathes of text, and a concerning tendency to cite the President’s annual addresses rather than detailed minutes of the council and its committees. Surely the latter provide a better way into the day-to-day concerns of such an institution. However, once again these criticisms reflect Briggs’s compromises on the book he has chosen to write: it is for the Members and Fellows and not academic historians.

Briggs’s best chapter is perhaps that on the College’s core activity: examining, training, educating. However, here, because of his lack of familiarity with the medical history literature, Briggs, rather ironically, given his over-attention to contextualization elsewhere, does not adequately explain how and why the Colleges developed greater roles in postgraduate medical education and examination. Most obviously lacking is any discussion of the centrality of the Goodenough Report to the evolution of British medical education, and the way it was synchronized with the new NHS to produce a regional educational structure for academic medicine based around the local intellectual powerhouses of universities and university hospitals. There is also no adequate exploration of the way the Colleges responded to specialization. This is dealt with in the literature on postgraduate medical education in the UK, and in some of the more recent histories of UK Royal Colleges. However, there is little evidence in the footnotes that Briggs has read anything about non-London Colleges, and they are certainly exceedingly rarely mentioned and never in any detail. This lack of a comparative perspective is disappointing, but will probably not unduly trouble his core audience.

Briggs’s book, then, falls between two stools. Such are the perils and potential pitfalls of institutional history; but then Briggs should know that as he has written a well-received history of the BBC, another pillar of the institutional establishment. Could it be that being a famous, readable, popular historian is not the best qualification for writing the history of medical institutions?

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During the last decades, there have been many important studies addressing from various
perspectives the history of public health in Spain. The work of Esteban Rodríguez Ocaña is without doubt a strong reference point within this historiographic trend because of the number and quality of his contributions, but also because of his ability to suggest a particular approach to health problems from a historical viewpoint. This book contains nine of his most significant publications (the first published in 1986, the last in 2001) on relevant, complementary issues of public health in Spain. These papers have been re-published with no amendments, exactly as they originally appeared; however, their selection itself and their grouping in three sections results in an end product that reaches well beyond the usefulness of making easily accessible in a single volume previously widely scattered material. It provides the whole with internal consistency (a solid research line developed over a number of years), which allows the recognition of a global contribution summarizing a major portion of the history of public health in contemporary Spain.

The first part is devoted to the creation of the Spanish health care administration. The initial paper—the only one to discuss the eighteenth century—examines the set-up and operation of the Junta Suprema de Sanidad (Supreme Health Care Board) and local, provincial, and harbour-related Juntas de Sanidad (Health Care Boards), whose main goal was to defend or “protect” the health of citizens against the threat of potentially catastrophic diseases such as the plague, which might have reached the French Mediterranean. This overall discussion of Spanish health care administration during the eighteenth century represents a major contribution to pre-liberal, Bourbon health care. The remaining papers deal with the nineteenth and twentieth centuries. The article on the Instituto de Higiene Urbana de Barcelona and the statistical work developed therein by Luis Comenge discusses the implications and limits of health care practices as linked to local institutions. The next two studies included in this first part address on the one hand the state organization of health care and its legal, doctrinal framework in early twentieth-century Spain, and, on the other, the significance of international links. In the latter case, the discussion of the role of the Rockefeller Foundation represents, in my opinion, an outstanding contribution, as it provides a novel—and essential—perspective for an understanding of the constitutive process of public health in the Spain of the 1920s.

The second part, entitled ‘A discipline for capitalist development’, includes two papers that study the way in which discourses and proposals developed from a public medicine and health perspective may legitimize state power and even become decisive factors in the financial and cultural functioning of contemporary societies. Industrial hygiene and urban hygiene are the topics sensibly selected and discussed by Rodríguez Ocaña to illustrate this role of health care in the rulemaking processes within the framework of industrialization.

Finally, the third part includes three papers that discuss the acquisition of both the techniques and modalities adopted by contemporary public health: statistics, surveys, and health-care campaigns. These are specific case studies which, by addressing the constitutive process of a technical core for public health defined as a scientific discipline, reveal the development of a sanitary technology that, not surprisingly, would lead to the emergence of experts in the study of health problems, considered collectively rather than individually, with a keen desire to improve the health of the population.

In summary, this is an interesting book that, despite its fragmented origin, does provide an overview of Spain’s contemporary public health.

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Published at the instigation of the Valais public health service, De l’hospice au réseau santé has all the merits and shortcomings of a local monograph. Its use of archival sources is