

Talmage, this acceptance was not the result of an accumulation of experimental proofs in its favour but the consequence of the success of a new technology—monoclonal antibodies—based on the predictions of the clonal theory, from 1976 on. Clonal selection theory is thus, by itself, not sufficient to account for the rapid growth of immunology, which—as Mazumdar herself shows—had started already in the 1950s. Anne-Marie Moulin offers an additional explanation. She attributes a key role in the recent development of immunology to the rise of the notion of the immune system. This concept, she proposes, is an ecumenical metaphor, and it owes its success to its linguistic versatility and to its ability to answer the need for communication not only between cells but between the professionals of immunity as well. This is an interesting insight, which merits further exploration. However, in this work neither she nor Mazumdar advance beyond general claims. In her introductory essay Mazumdar does make a few brief comments on the essays and tries to link them to the clonal selection theory, but the book lacks a consistent analysis, from the historian's point of view, of the raw information supplied by the scientists. This is regrettable, because such an analysis—coupled perhaps with editorial guidance to the authors—might have transformed a book in which interesting insights are buried in a sea of “official history”, into a more useful tool for the historian of science.

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JOAN AUSTOKER and LINDA BRYDER (eds.), *Historical perspectives on the role of the MRC: essays on the history of the Medical Research Council of the United Kingdom and its predecessor, the Medical Research Committee, 1913–1953*, Oxford University Press, 1989, 8vo, pp. xi, 259, £30.00.

In the mid-1970s Sir Arthur Landsborough Thomson published a two-volume history of the Medical Research Council, naturally influenced by his own position as the Second Secretary of the Committee, subsequently Council, for almost 40 years. Now Drs Austoker and Bryder provided a collection of essays, some of which notably extend the Thomson material, on historical perspectives of the role of the MRC, as it is commonly called.

In the first chapter, Linda Bryder explores the process by which the scheme to allocate “one penny per insured person” for tuberculosis research, inaugurated by the National Insurance Act of 1911, was transformed into a broad-based organization to fund medical research. In particular the influences are examined of the first Secretary to the MRC, Walter Morley Fletcher, and of Simon Flexner from the Rockefeller Institute in New York in determining the research priorities of the Committee. Tuberculosis was very quickly relegated from those priorities, and despite encouraging therapeutic and preventative developments abroad, Bryder argues that the MRC failed to develop and support research initiatives in the very area for which it was established. Walter Morley Fletcher gets a chapter to himself, an analysis by Joan Austoker of his strong belief of the pre-eminence of basic biomedical research and his skirmishes with other authorities over the conduct and control of medical research. A brief account of the work of the National Institute for Medical Research is provided by the two editors, whilst the remaining chapters illustrate some research policies that *were* supported.

Linda Bryder focuses on public health research, especially that associated with the Public Health Laboratory Service, and explores territorial disputes between the MRC and the Ministry of Health over the support of bacteriological work. A complementary approach to public health is taken by Celia Petty in her chapter on nutritional research, as the tensions between advocates of clinical, epidemiological, and primary “pure” research begin to be emphasized, a theme further developed by Helen Jones in her wider discussion of industrial health and its social implications. Similarly, unease between clinical practice and experimental medicine surfaces in David Cantor's account of MRC support for experimental radiology between the two World Wars, a paper that documents the disagreements between Fletcher from the MRC and the Presidents of the Royal Colleges of Surgeons (Moynihan) and Physicians (Dawson) and affords a demonstration of the creation and emergence of a medical speciality. Social and political

factors, such as the influence of the Colonial Office and the medical necessities of war, arise in Jennifer Beinart's essay on tropical medicine. And Jonathan Liebenau's case study of insulin production provides evidence of new difficulties, this time between the MRC and the pharmaceutical industry, and highlights the strong leadership given to the MRC by Fletcher and Henry Dale in dealing with the problems of patents, manufacturing and distribution.

It is only in the final contribution, on clinical research by Sir Christopher Booth, that details of the people who did the research (as opposed to those who organized it) and what that research was, emerge. Naturally Sir Thomas Lewis achieves much prominence, as do his conflicts with Walter Fletcher, frequently mediated by the much-underestimated figure of T. R. Elliott. The attitudes of more clinically experienced Secretaries (Mellanby and Himsworth); debates over the establishment of research "units" in teaching hospitals; the creation of a Clinical Research Board, and later Centre; and a brief survey of the expansion of the MRC's activities during the 1950s and 1960s, are all given, although necessarily brief, assessment.

Principally this book provides an administrative account of the role of the MRC, a history, not uninteresting, of the policy proposals, decisions and implementations that have shaped much of modern medical research in Britain.

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JAN NOORDMAN, *Om de kwaliteit van het nageslacht: eugenetica in Nederland 1900–1950*, Nijmegen, SUN, 1989, 8vo, pp. 304, Dfl. 39.50.

Since the publication of *In the name of eugenics* (1985) many have come to accept Daniel Kevles's assertion that the history of sciences of necessity merges with cultural and socio-political history when it comes to the history of eugenics. Regional studies have analysed eugenics as indicative of cultural forces that not only shape differences in the formulation of problems relevant to eugenics, but—more importantly—cause variations in the introduction of legal measures or the applications of compulsion. Eugenics has thereby become an attractive—albeit notoriously elusive—subject for study, even where it concerns countries not strongly associated with eugenicist programmes.

In this well-researched book Noordman has made an admirable attempt to disentangle eugenicist ideology and practice. Although not intended as a comparative study, ample reference is made to British, American, and German situations. What, according to Noordman, seem to crystallize as characteristic of Dutch eugenics are the class rather than race orientation of its ideas, and the pervasive influence of the religious Dutch political parties in preventing most eugenicist measures from materializing. He starts his discussion around 1900, even though institutions and societies that more explicitly promoted eugenicist research were founded, on a relatively small scale, in the 1920s and 1930s and the bulk of his source material dates from those years.

Arguing that confessional objections to social Darwinism prevented it from gaining great popularity in The Netherlands, Noordman traces the origins and the vocabulary of early Dutch eugenicist arguments to the radical liberal sanitary tradition of the nineteenth century. In theory, the step from public to private hygiene was easily made, even with the precise impact of nature versus nurture still unresolved. In practice, however, throughout the period he discusses, except between 1940 and 1945, public resistance to genetic determinism, to medical control over sexual mores, and to state intervention instead of "caritas" remained too strong to allow any compulsory eugenicist regulation to be introduced.

In The Netherlands as elsewhere, medical discussions about the feasibility of obligatory premarital screening were stimulated at the turn of the century by widespread concern about the "poisonous" effects of tuberculosis, alcoholism, and venereal disease. Pleas for such examinations and, if necessary, interdiction of marriage by such radical spokesmen as C. J. Wijnaendts Francken (1863–1944) remained, however, without practical effect. Most Dutch biologists were reluctant to extend the conclusions of their breeding researches to the social realm, and social theorists of a radical eugenicist calibre, such as S. R. Steinmetz (1862–1940) did