

on the Health Organisation of the League of Nations, whose name is not even mentioned. It is as though the Rajchmans, Stampars and Boudreaus had never shared in the history of the Division, which financed 30 to 40 per cent of their accomplishments. This blindness extends to the IHD itself, where numerous important people are overlooked, especially Gunn, who is practically ignored.

Indeed, where there are heroes, there must be villains. It is true that the Division had “no truck” with those who claimed to treat malaria with roast beef and the few who believed in social medicine. But was it really necessary to describe John Black Grant as “dour, humourless, rude and cynical”, or Rose as “incapable of judging men” (pp. 14 and 7)? Curiously, this aggressive tone is extended even to the authors of this review, taken to task for these same “dense and obscure”, “flowery” works on tuberculosis, which our censor nevertheless abundantly draws upon (p. 56). To Raymond Fosdick, Gunn wrote in 1926: “my own conviction is that sociology and public health are closely related”.¹ Believe us, the Rockefeller Foundation was highly sensitive to what was blowing in the wind at the time; it was volatile, changing, sometimes affected by the left-wing romanticism of the Milbank Memorial Fund (at the time of John Kingsbury of course), and sometimes more staid, here “flirting” with Stampar, there with the subversive reactionaries of Getúlio Vargas or Mussolini. It was like a sponge or an ink blotter. A kaleidoscope.

Even more than for his historiographic lacunae, the author can be criticized for drawing on one source only, the Rockefeller Foundation papers themselves. But does the history of the Division unfold in a scientific or diplomatic no man’s land, context-free? Is it not rather inseparable from the history of such dissimilar agencies as the American Public Health Association, the Metropolitan Life Insurance Company or the State Department? And intimately linked as well to a “cluster” of American philanthropies: the Milbank Memorial Fund, the Commonwealth Fund, and finally showing a close relationship with the history of

the other Rockefeller philanthropies? It is no small challenge to claim to give an independent history of it when there were field officers, and not the least among these, who said they “doubt[ed] if the Division, as such, has been of very great significance in establishing the public health policies of the Foundation. . . [and did] not believe that the public health work in the Foundation would suffer if the IHD should be disbanded”.²

In our opinion, the best of the book comes from the assumption that “many of the Division’s decisions appear ad hoc and haphazard” (p. 19). In flashes of lucidity, John Farley sees the IHD’s legacy as one which does not reside at all in the more or less successful diffusion of American methods, but in its incessant efforts in backing brains: “to find and canalise the explosive potentialities of any country and epoch”, in the words of Alan Gregg. It is all the more regrettable that such a work, which in addition will render an important service to researchers, is so full of typographical errors: L Farrard rather than Farrand, E Rust rather than Rist, Dunn for Gunn, Pedroso for Pedrosa, Srobar for Srober, and so on, while not forgetting L Murard, kindly rebaptised Murant or Murand. Inattentions of this kind extend to Mezzogiorno mis-spelled as Mezzaggiorno or poor Mussolini who becomes El Duce. . . . These are of course details, but which, added up, cannot but leave an impression of carelessness.

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¹ S M Gunn to R B Fosdick, 6 Oct. 1926, Rockefeller Archive Center, RG 3, series 900, box 17, f.122.

² Ibid.

Bernard Harris, *The origins of the British welfare state: state and social welfare in England and Wales, 1800–1945*, Basingstoke, Palgrave Macmillan, 2004, pp. xii, 402. £52.50 (hardback 0-333-64997-4), £17.99 (paperback 0-333-64998-2).

Every decade since the 1960s, a major text seeking to popularize the latest trends in

academic research has been produced on the long-term development of British welfare policy. Hence Maurice Bruce's pioneering *The coming of the welfare state* (1961) was followed in 1973 by Derek Fraser's *The evolution of the British welfare state* (3rd ed., 2003) with its nuanced account of the nineteenth-century accommodation between laissez-faire and collectivism. Then in 1982 Pat Thane's *Foundations of the welfare state* (2nd ed., 1996) injected a gendered and comparative perspective. Harris ably maintains this tradition by incorporating into the well-known story not only rich new historical detail but also quantitative evidence and theoretical insights gained from the social sciences. It may have taken longer than the standard decade to produce but that is because there is so much more to incorporate. A crisis in both the welfare state and the history profession has questioned the fundamental nature of both.

Some critics may complain that this book is not as good a read as its predecessors. They may question, for instance, why even the preface requires five footnotes and why Charles Webster, let alone some lesser historians, deserves as many index references as Lloyd George. They may also cavil at the density of the text and the lack of any clear overarching theme. Such criticisms, however, are unjustified. Social policy by its very nature is complex. Simplicity can therefore mislead. For instance, the "nuts and bolts" of policy are often far more revealing of both the underlying purpose and actual impact of policy than its professed grand design. Moreover, there is no justification, as in some competing accounts, for policy areas to drop from view when there is no dramatic new legislation. Patients do not suddenly stop being treated in the absence of new health legislation. Significant if subtle shifts in the implementation and financing of policy can also occur. Harris presents the fuller and more satisfying, if necessarily more complex, story.

The lack of an overarching theme presents a bigger problem. Given the opening theoretical chapters and the "restructuring" of the welfare state since the 1970s, the bold question might have been asked: how viable was the

"mixed economy of welfare" in 1939 with its apparent accommodation between state, market and voluntary provision? Was this the natural destination of the "welfare escalator" which Victorian society boarded? Was excessive centralization between 1945 and 1976 simply an aberration caused by the temporary social solidarity and faith in "big government" encouraged by the Second World War? The adoption of such a theme, however, might have slanted the selection and presentation of evidence. That would have been unfortunate since one of the book's greatest strengths is its comprehensive bibliography and the breadth of the evidence, both qualitative and quantitative, which it deploys. It is indeed an ideal quarry for others. No library should consequently be without it. All welfare specialists should have it as a reference tool and all serious students should use it as both the grounding and a stimulus for their research.

There are three discrete chapters on health care summarizing changes in policy and practice. Clear, and often novel, quantitative evidence covers principal health outcomes as well as the varied provision of services by, and use of, national health insurance and both voluntary and municipal hospitals. Each chapter challenges some conventional truths and provides a stimulus for further thought. Such thoughts, moreover, may be placed in the context of other policy, if not political, developments through a reading of other chapters. This book, in short, provides both a comprehensive introduction to welfare policy and one further reason why the temptation to write medical history as if it were an academic ghetto can be resisted.

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Hera Cook, *The long sexual revolution: English women, sex, and contraception 1800–1975*, Oxford University Press, 2004, £35.00, pp. xiii, 412 (hardback 0-19-925239-4).

The long sexual revolution describes the interlinked histories of sexual attitudes, sexual