Book Reviews

Charles Webster, *The health services since the war*, vol. 2, *Government and health care: the National Health Service 1958–1979*, London, The Stationery Office, 1996, pp. xiv, 986, £85.00 (0-11-630963-6).

Charles Webster, *The National Health Service: a political history*, Oxford University Press, 1998, pp. xiii, 241, £9.99 (paperback 0-19-289296-7).

In several important ways Charles Webster's three books about the National Health Service resemble Wagner's music drama *Der Ring des Nibelungen*. Both achievements are almost uncritizable monuments to an individual; both deal with great and ever-present themes; both show the rise or (usually) fall of major figures; and, to be flippant, both have inevitable longeurs (one counterpart to the endless confrontations between Wotan and Fricka must surely be the account of NHS reorganization in Wales).

There such a fanciful comparison should almost end—particularly since Webster has written "only" two volumes of his epic (though he brings the story bang up to date with his paperback political history). Nevertheless, a series of *Leitmotiven* also runs through this outstanding work, and their development explains why the NHS has taken its present-day form. To start with, Webster shows, the NHS has always been popular: thus at its tenth anniversary the difficulties were thought not to be insurmountable, though even then the state of the hospitals caused anxiety. The latter has continued, given that the service inherited a mass of decrepit buildings, some of them former workhouses over 100 years old, deserving to be bulldozed rather than patched, as happens even today. Moreover, progress in building new hospitals was slow, the first totally new one (in Welwyn) not being opened until 1963, while the plans occasioned by the optimism of the 1960s were dashed by the oil crisis in 1973. In Webster's view one factor behind all this was little-Englandism. Even before the NHS started, health care in other countries had often been superior to that in Britain, and, once it had come into being, observers took refuge in phrases such as the "envy of the world" rather than looking across the channel to see how much better standards were. Then right from the beginning the official documents show just how deep Treasury parsimony ran, with a lower proportion of GDP spent on health care in Britain than elsewhere. During the lean years between the Korean war and the Suez fiasco the NHS was the main target for economies in social expenditure. In the years of growth the NHS lagged behind ambitious programmes, such as defence, nuclear power, roads, housing, and education.

To be sure, the Treasury had a minimal basis for its continual accusations of inefficiency. Suddenly announced plans for expanding the hospital building programme found both the health departments and the NHS authorities unprepared. In a few individual cases (such as the development of Liverpool and St Thomas's Hospitals) there was undisputed extravagance and incompetence. Nevertheless, Webster emphasizes, virtually all of the many inquiries found that money had been well spent, and that any deficiencies arose from lack of it. Behind all this lacklustredness was the realization that the health portfolio was a graveyard. Holders were rarely in the post for long. Ministers would often not be included in the Cabinet, where decisions about their department's spending would be taken. And the appointment usually signalled the end of a career, David Owen and Kenneth Clarke being the obvious exceptions to prove the rule. And, whereas ministers were expected to fight on their department's behalf, not all did so—particularly in the early days of the NHS. Enoch Powell, significantly a former Treasury Minister, was the last Minister of Health to think that economies were possible in his field, and was acknowledged by the Treasury to be the most austere of his colleagues.

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What of the heroes and villains in Webster's stories? Self-evidently Bevan stands out as inspired, a consummate politician determined to ignore the pressure for control of the new NHS by the town hall (Herbert Morrison's favoured mechanism) and cunningly pitting the Royal Colleges and hospital consultants against the BMA and the general practitioners. The advantages were fundamental. Not only did the NHS start on schedule; it diffused care more equally across the country (especially in the hospital specialties) and provided a decent safety net. Apart from the grubby, frayed-at-the-edges services, there were some major disadvantages—some of which bedevilled the NHS for a couple of decades, or more, and others remain even today. General practice was slow to develop, given the low esteem in which it was held and the absence of a firm intellectual or financial footing. The divides within Britain—geographical, between the north and south, and the social, between the various social classes—took a long time to come to terms with and are still being addressed. And, crucially, in his initial trade-off Bevan perpetuated the tripartite divide between the social services, the hospitals, and primary care, which remains largely unaddressed by the successive reorganizations of the NHS and accounts for so many of its inefficiencies and unattractiveness to the consumer. Even worse, public health became a casualty of the new arrangement (especially after the reorganizations). Old skills were lost and new ones, such as the cost-effective approach to preventative medicine, were not acquired. The bamboozlement by the tobacco lobby of successive ministers of health—from Crossman to Frank Dobson—has been so effective that we are little further forward in real action against cigarette smoking than we were forty years ago, when Doll and Bradford Hill demonstrated its lethal but preventable consequences.

Webster's heavyweights are Crossman, Castle, and Joseph in the classic era, and Clarke in the recent one. All achieved various reforms as well as relatively more resources for their department, and yet all of the first three left office disappointed and somewhat bitter, Castle in particular after an unnecessary bruising confrontation with the doctors over pay beds, and the self-deprecating Joseph after introducing further management concepts into the service. Most doctors would argue for placing Kenneth Robinson in some sort of pantheon. Webster, though, will have none of this, finding him weak and with limited horizons—as well as responsible for hushing up the scandals of the long-stay hospitals, an aspect that his successor Crossman, however unattractive a bully and self-publicist, was insistent on bringing into the open. Yet Robinson was responsible not only for defusing one of the more serious confrontations with the profession, but also for creating the conditions that allowed general practice to flower and arguably to become the real envy of the world. Whatever developments were occurring, general practice had remained a true cottage industry, sometimes staffed by doctors who had fallen off Lord Moran's traditional ladder of excellence, with poor standards of care, equipment, and premises. Robinson's acceptance of the family doctors' charter, with its financial encouragement of purpose-built premises, partnerships, and ancillary teams not only staved off a revolt but enabled general practice to achieve academic and clinical excellence, as well as maintaining its cost-effective role as a gatekeeper to specialist services. Given a confrontationalist Minister of Health at this critical juncture of the NHS's history in 1964, its subsequent evolution would have been remarkably different.

If lesson there is from Webster's history it is that without a lot more money—say, the median of 8 per cent GDP that most civilized countries spend—the NHS is never likely to achieve its potential of providing modern care in clean up-to-date hospitals without untoward delays. And the proportion of money spent is not related to the party in power but to the general economic climate. Too much reliance has been placed on economy savings by reorganizations, well documented in both these books, always without any basis or experiment.

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Yet these have made little difference to patient care, or to the lives of the workers, and have not solved the difficulties brought about by the tripartite structure. All that has been gained (including by Thatcher's use of the Maoist ideology of perpetual revolution) is an increase in the proportion of funds spent on administration: once an internationally lean figure of 5 per cent, this is now 12 per cent and, Webster reports, possibly set to rise to 17 per cent. And under a Conservative government committed to rolling back the power of the state and abolishing quangos there was the paradox of even more central control.

Quite what the future holds is not a matter for the historian, but it is ironic that currently Mr Dobson seems to be going back to the thinking of 1944 for deciding on the number of statutory health authorities, when the favoured figure was forty for a single tier. Given that the Ring opens with the Rhinemaidens worshipping the Rhinegold and ends with their celebrating their newly restored treasure, perhaps any comparison between Webster and Wagner is not all that far-fetched.

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Thomas H Broman, *The transformation of German academic medicine 1750–1820*, Cambridge History of Medicine, Cambridge University Press, 1996, pp. x, 209, £35.00, $54.95 (0-521-55231-1).

Over recent years the concept of "identity", both individual and social, has turned out to be fruitful across the humanities and social sciences. Exploring the development of the professional identity of German, university-trained physicians between the middle of the eighteenth and the early nineteenth century, Thomas Broman utilizes this concept for a study of the roots of medical professionalization.

Broman does not employ the usual methods of tracing monopolistic tendencies and self-regulative mechanisms of a nascent profession. Instead, his study is structured in two other ways: (1) by his attention to theory-practice discourses, on the supposition that professional medical practice claims to be based on scientifically validated theories; and (2) inspired by Jürgen Habermas, by looking at academic medicine in the new "public sphere" that was created by the eighteenth-century review periodicals for the educated general reader.

Drawing upon a wide range of relevant primary and secondary sources, Broman skilfully portrays characteristic features of eighteenth-century university medicine in the German territories, without neglecting local differences. His narrative starts with a view of the academic study of medicine as a scholarly pursuit that—with the acquisition of the MD—gave access to prestigious official positions, such as town physician (*Physicus*) or university professor, in addition to private practice. A first tension in the traditional identity of the physician as a scholar is observed as governments driven by cameralistic ideas put greater emphasis on the social utility of medicine. In this context Broman discusses the new examining powers of several state-authorized medical boards (*Collegia medica*), which issued licences for medical practice, and the introduction of clinical bedside teaching into the curricula of many medical faculties. He further describes an alienation of medical theory from medical practice, as physiology became transformed into a science of vital forces and *Naturphilosophie* emerged as a meta-theory of nature with little concern for practical matters. The followers of Friedrich Wilhelm Schelling are contrasted with medical practitioners such as Christoph Wilhelm Hufeland, who described medicine as an art and vocation that required talent, dedication to the patient, and ample clinical experience. Having thus set the scene, Broman interprets the brief popularity of Brunonianism in Germany around 1800, and its public debate, as the historical attempt of a new generation of physicians to unify medical theory and practice. The failure of this attempt opened the

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