

hospices, the rise of scientific and hospital medicine, cancer treatment in New Zealand, the work of Cicely Saunders, cultural attitudes to pain, and the relationship between HIV/AIDS and euthanasia may find this a helpful synthesis. But those looking for a sustained attempt to explain the changing relationship between medicine and the care of the dying will be more disappointed.

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**Martin Gorsky and Sally Sheard** (eds), *Financing medicine: the British experience since 1750*, Routledge Studies in the Social History of Medicine, No. 24, London and New York, Routledge, 2006, pp. xiv, 258, £70.00 (hardback 978-0-415-35025-9).

This volume is a collection of fourteen papers which were presented at a Wellcome Trust symposium on ‘Financing Medicine’ in 1996. In the introductory essay the editors outline the theme of the book as “the development of the British medical services viewed from the perspective of their mode of finance” (p. 2). The book is divided into four parts: voluntary funding and the growth in hospital care; local government and medical institutions; general practice and health insurance; and contemporary issues. Although the essays are diverse, they are united in their examination of the “political economy of health” in that they “all exhibit the fundamental concern with the cost of maintaining, or improving, the nation’s health” (p.15).

The first essay in part one is Bronwyn Croxson’s ‘The price of charity to the Middlesex Hospital, 1750–1830’, which describes the general features of the London voluntary hospitals and their sources of funding in the period. Croxson provides details about the nature of hospital income and effectively demonstrates how the need to raise funds permeated every aspect of voluntary hospital activity, including admission

arrangements (whereby admission policy explicitly excluded those deemed incurable or chronically ill). The final essay in this section, John Mohan’s “‘The caprice of charity’”: geographical variations in the finances of British voluntary hospitals before the NHS’ uses data drawn from hospitals in Wales and Scotland as well as England to show the substantial and persistent variations in the resources available to hospitals.

Part Two on local government and medical institutions includes Keir Waddington’s account of Poor Law medical provision in London’s Whitechapel area in the years from 1850–1900. His essay reveals that the stigma attached to receiving indoor relief had been removed in respect to the receipt of medical care: “the poor saw the workhouse as a familiar and accepted donor of medical services and regularly asserted their right to relief” (p. 102).

Part Three on general practice and health insurance includes Anne Digby’s fine essay on ‘The economic and medical significance of the British National Health Insurance Act, 1911’. Digby examines the financial implications of the 1911 Act both for general practitioners who generally saw a rise in income from panel practice, and for insured workers who were freed from the burden of finding fees for medical care, a change which also encouraged them to seek earlier treatment. Digby includes research derived from across Britain in her study which also reveals the creation of a two-tier system of health care with panel patients faced with set hours, long waits and perfunctory examinations in contrast to the home consultations which continued for fee paying patients.

The final section of the book deals with contemporary issues and concludes with an essay from Rodney Lowe on ‘Financing health care in Britain since 1939’. In his short essay Lowe points out that the inter-war social-insurance based system was dismantled with little resistance, to be replaced by a predominantly tax-based system of funding health care in Britain. Conservative Party

attempts in the 1950s and 1980s to re-introduce an element of contributory funding by patients failed on the grounds that it was politically unpopular and “it would have left the NHS with a heavily reduced income and all the bad risks” (p. 248).

Overall, this book includes a good range of micro and macro studies. However, one drawback is that in the decade since the convening of the symposium substantial work on health and health policy in Scotland and Wales has appeared. These twenty-first-century works which reflect on the financing of medicine in the peripheries have not been considered or even incorporated into updated footnote references. Finally, the fact that an introduction plus fourteen essays are covered in the space of 258 pages means that some of the pieces seem very brief and do not have the space fully to develop their arguments.

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**Arthur Daemrlich and Joanna Radin** (eds), *Perspectives on risk and regulation: the FDA at 100*, Philadelphia, Chemical Heritage Foundation, 2007, pp. xvii, 163, \$12.00 (paperback 978-0-941901-41-0).

This collection of short essays is derived from a conference at the Chemical Heritage Foundation in Philadelphia in May 2006 to mark the centenary of the US Food and Drug Administration (FDA). The editors, senior research fellow and research fellow respectively at the Chemical Heritage Foundation, bring together FDA officials, including nutritional scientists, and industry scientists, in what is styled as a collaborative enterprise between regulator and business. This is perhaps designed to emphasize the FDA’s role in partnering rather than simply policing business activity. Some important industry figures are here: the global nutrition director of Heinz; the vice-president of regulatory affairs at Johnson and Johnson; the senior vice-president and chief medical officer

for GlaxoSmithKline; and the volume closes with comments from Andrew C von Eschenbach, the current (and twentieth) FDA commissioner. These and five of the book’s other contributors concentrate essentially on current concerns in the regulation of food, food supplements, drugs and medical devices. Some interesting insights are offered, chiefly relating to the apparently accelerating nature of advances in scientific and medical knowledge, but generally there is a limited engagement with scientific and indeed social scientific debates, especially in relation to the key issues of risk and regulation which are flagged in the book’s title.

Surprisingly too, perhaps, given the centenary that is being marked, there is relatively little historical insight. The editors provide a short introduction, subtitled ‘Historical and contemporary perspectives’, which glides over the former in a single paragraph (p. 4). Peter Barton Hutt, a Washington lawyer and former chief counsel for the FDA, then provides a discussion of ten ‘Turning points in FDA history’. This is useful, drawing attention to the very wide range of the organization’s remit and responsibilities over the course of its first century, but in this slightly truncated “highlights package” form it does not really do justice to the FDA’s highly contested origins and early decades. The 1906 Food and Drugs and Meat Inspection Acts provided improved consumer protection but offered a blanket to business also, legitimizing the methods of food and pharmaceutical producers. The meat packers, who were arguably the worst offenders against food consumers, and whose practices were vividly exposed in Upton Sinclair’s socialist novel, *The jungle* (1906), were also excused from the burden of funding the inspection and regulation regime. This was borne instead, to the producers’ satisfaction, by the Federal government. This important tale also highlights the fact that global food security has deep historical roots. *The jungle* precipitated a crisis in the export market for US meat products, and this in large part accelerated the drive towards Federal