microbiology and medical research cultures described in the pages of *The cure* is all the more interesting as most know so little of it. The co-constructed nature of science and culture is all too seldom discussed with such texture and nuance. Through his analysis of the lives and work of Klieva and Roskin, Krementsov weaves the international and national politics of the Cold War with the local politics of a newly established medical research institute and relates all to a wider, somewhat combative, medical research scene. His account of the rise and fall of the pair under Joseph Stalin, followed by their subsequent rise to grace under Nikita Khrushchev, speaks starkly of the ways in which work deemed politically important was brought into the centre of political life in the USSR, and, as such, suffered terribly through the vacillations of policy and the whims of its leaders.

As part of the history of cancer research *The cure* works well too. Although analysis of failed innovation has for several years found a place within the history of medicine, most accounts deal in description and analysis of success and therapeutic transformation; but the history of cancer research *is* positively littered with failed innovation and unrealized breakthroughs, few of which have been documented by historians. The volume of medical and scientific work on cancer in the post-war era is staggering, so historians wishing to discuss this period would do well to overcome their squeamishness surrounding failure, and begin to find meaningful ways to discuss the nature and characteristics of work in a field where significant breakthroughs held the promise of almost incredible adulation and success (especially given the reputation of cancer as a scourge of the civilized world) but which were, due to the terrible intractability of the illness, very unlikely to be realized.

For Krementsov, however, the excitement and frustrations of cancer research merely reflect the bitter-sweet realities of scientific practice and our perceptions of it: "We tend to focus on successes, but spectacular success is a rare event in science. A much larger portion of scientific research never makes it into the public arena, and each rare success is based on—and impossible without—many hundreds of routine experiments and trials that go unnoticed by the public and are often regarded as failures. Yet in a way, the story of these 'failures' is often more realistic and ennobling than the rare triumphal tale."

Helen Valier,
University of Manchester

Jacqueline Jenkinson, *Scotland's health 1919–1948*, Studies in the History of Medicine, vol. 2, Oxford and Bern, Peter Lang, 2002, pp. 506, £42.00, €64.60 US$60.95 (paperback 3-906768-34-1)

The story of the evolution of state medical services in Britain in the years between the world wars has been made familiar by the work of a number of historians. However, what is best known is the action as it took place "centre stage". The attention of historians has been drawn almost exclusively to the evolution of the new services as they were introduced for the large and relatively healthy (according to the Prime Minister, Stanley Baldwin) population of England and Wales and to the creation of a central health bureaucracy in the Ministry of Health in London. North of the border the action was different and, although it has escaped the limelight, it brought exceptional experience that was to have its influence on the later development of services in the United Kingdom.

Scotland's relatively small population presented with particular intensity the problems that the new British state services were intended to meet. The great majority of the Scottish people, the industrial population concentrated in the country's central belt, suffered more severely than any other section of Britain's population from the health consequences of urban poverty. In sharp contrast, a second population, with excellent standards of health but cash poor, scattered widely over the vast and difficult geographical area of the Highlands and Islands, lived remote from existing and potential providers of medical services. To serve these disparate sets of problems an autonomous

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Scottish health bureaucracy was set up in Edinburgh with powers to take its own independent initiatives (for example, Highlands and Islands Medical Service; Clyde Basin Scheme).

In this diligently researched study the author sets out to discover how far this autonomous bureaucracy was successfully maintained "distinct from the Ministry of Health" and to evaluate how effectively it met the "unique" difficulties in providing adequate health care in Scotland. The author has drawn extensively from many sources, chiefly central and local government records, government and other published reports, and from the archives of the Scottish Royal Medical Colleges. A great mass of very relevant information is set out in over 450 pages of dense and rather difficult text. There are no factual errors of significance but there are several statements that are at least open to dispute. That "the promotion of health rather than the treatment of disease became a policy option only after World War Two" fails to notice that in the policy put forward in the *Report of the Committee on Scottish Health Services* (Cathcart Committee) in 1936 prime place was given to the promotion of health. Was the Beveridge Report really "simply the culmination of a series of enquiries into the inter-war health services"? However, the main difficulty is that the text is sadly jumbled. Statements are made but not explained until some pages later. Information on diverse matters that all happen to have been found in the minutes of the same meeting is often crowded in a single paragraph or even in a single sentence.

Nevertheless, the book provides a very full account of the autonomous health bureaucracy in Scotland during this period and a measure of its performance as judged by the achievements in infant and child welfare, school health, the treatment of tuberculosis and in the health of the insured population. (Hospitals, sanitation and housing are not included in the assessment.) At the end the author provides a summary of her findings rather than clearly articulated answers to the questions that she had set for herself. However, the summary does indicate that the autonomous health bureaucracy in Scotland was successfully maintained "distinct from the Ministry of Health" in these years and that it did respond well to Scotland's "unique" health problems. This reflects well on the overall performance of that bureaucracy, since it was the services on which this study is principally based—those provided through the agency of the local authorities—that were judged to have performed least well in the review of *all* Scotland's health services by the Cathcart Committee in 1936.

Jenkinson has not yet provided the definitive history of health care in Scotland between the world wars but her work will prove an invaluable source for those who follow.

Morrice McCrae,
Royal College of Physicians of Edinburgh

John Mohan, *Planning, markets and hospitals*, London and New York, Routledge, 2002, pp. xii, 275, £19.99 (paperback 0-415-19607-8).

Recent debates about the creation of "foundation" hospitals and the nature of the public–private split in health care have once more drawn attention to questions of "efficiency", finance, and the appropriate role for voluntary, commercial and charitable care in the National Health Service. Mohan's detailed, and at times dense, study of planning and markets in the provision of hospital services in the twentieth century demonstrates how these questions have a long history. Unashamedly focusing on acute hospital services and physical construction, *Planning, markets and hospitals* tackles the strengths and weaknesses of different forms of planning and coordination of hospital development from the mixed economy of care of the interwar period to the 1991 NHS reforms and controversial moves to implement the Private Finance Initiation (PFI). Like many recent studies of hospital development, it avoids what is seen as the distortion of London in favour of an overview that blends national archival material with a meticulous reading of regional sources. Although it is impossible to escape the problems facing London's hospitals in

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