

encouraged him to consider other positions is plain wrong—that debate occurred in 1906, Dale shortly afterwards became the Director of the Laboratories, and remained there for another eight years. These errors, whilst individually small, are cumulatively irritating. Equally the insufficiency of some figure legends, and indeed of some of the figures themselves, detract from the presentation of one of the most riveting stories of modern neuroscience.

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Sally Sheard and Sir Liam Donaldson, *The nation's doctor: the role of the Chief Medical Officer 1855–1998*, Oxford, Radcliffe, 2006, pp. xxii, 238, illus., £40.00 (paperback 1-84619-001-0).

Since John Simon's appointment in 1855 as Medical Officer to the General Board of Health there has existed a post for a public health doctor within the British government. In this work, Sally Sheard and Sir Liam Donaldson examine the office of the Chief Medical Officer (CMO), aiming to trace the development of the role and its interpretation by individual incumbents.

Rather than adopt a chronological approach, the authors have chosen to organize their account thematically. After initial chapters dealing with the career of John Simon, the initial underlying principles and surviving practices of the CMO post, and the selection of men for the post (a woman has yet to hold it), succeeding chapters highlight episodes in the tenure of different CMOs in order to explore an enduring aspect of the office. Thus, the third chapter, which examines the importance for health policy of the interaction between CMO, Permanent Secretary and minister, shifts focus between time periods. Other chapters also move backwards and forwards in time. Chapter four, illustrating the combined role of the CMO as manager of a government department and resident expert, is especially fragmented, the non-chronological structure making it difficult

to grasp changing departmental structure. Chapter five covers the relationship of the CMO with the medical profession, chapter six the CMO's importance as a co-ordinator and interpreter of internal and external advice in guiding policy, and chapter seven the CMO's interaction with the public. One drawback of the authors' chosen approach throughout is that it is often disorienting: a linear narrative is taken up intermittently to be quickly dropped, and this is not effectively balanced by the very brief profiles of each of the CMOs at the back of the book. Overall, this tends to obscure a sense of change over time, which lends this volume an emphasis on continuities.

The authors are evidently concerned with the recurring themes they have identified in their analysis of the role of the CMO. This is where Donaldson's agenda as the current CMO makes itself felt. In chapter eight especially, which deals explicitly with the "common threads" (p. 167) running through the role of the CMO from 1855 onwards, it is difficult to escape the sense that Donaldson, at least, is keen to laud the office and draw attention to its pressures and problems. The issues of fair remuneration, access to sufficient staff and resources, and the heavy impact of the National Health Service on the duties of the CMO, are prominent themes, as is the tension between meeting the demands of government and the medical profession while maintaining the confidence of both sides.

These are probably valid insights but, unfortunately, the book lacks the detailed and contextualized historical analysis to bring them to life. There is barely any attempt to consider the political, social or intellectual context within which the CMOs in this story acted. Even the economic background is usually mentioned only in passing—paradoxically, given the concern with depicting the struggle for resources faced by successive CMOs. Statements such as, "The [new] Ministry [of Health] . . . should have provided a centralized administration to integrate existing services [but] it failed to capitalize on its potential power [and services remained] under the control of local government", for example, ignore the

well-established precedent of local control with permissive rather than directive central legislation that pertained in 1919. In other places, attempt at historical analysis has been abandoned entirely, as in the statement that “Newman appeared to burn out” (p. 27), the only explanation offered for what is seen as a reprehensible failure on his part to effect change. Strong personal bias is evident in the treatment of various CMOs: for example, the description of George Godber verges on hagiography while George Newman is clearly held in contempt. Such judgements, unsupported by close and balanced analysis, beg many questions while answering none.

It would seem unreasonable to expect the first major study, as the back cover blurb informs us this work is, of the office of the CMO also to be the last word on the subject. Notwithstanding this, *The nation's doctor* will greatly disappoint historians with its shallow evaluations and presentist bias.

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G Barry Carruthers and Lesley A Carruthers, *A history of Britain's hospitals and the background to the medical, nursing and allied professions*, Lewes, Book Guild Publishing, 2005, pp. x, 430, illus., £18.50 (hardback 978-1-857769-05-0).

In 1990, Lindsay Granshaw expressed optimism about the future of hospital histories. Over the preceding decade, studies that examined the hospital in its medical, social and economic context were beginning to challenge old-style institutional histories in which great men and women, new buildings, nursing reforms, and medical schools dominated. The 1990s saw an acceleration of this trend with the publication of a number of revisionist comparative histories and individual studies that firmly rejected traditional hagiographic accounts. Unfortunately, the Carruthers' book, *A history of Britain's*

hospitals, does not belong in this mould. Although they share some of the revisionists' interests in hospital management and funding, their history of English hospitals from the Romans through to New Labour belongs firmly to a now largely outdated approach to hospital history.

A history of Britain's hospitals is an unappetizing and predictable narrative that follows a loosely thematic framework. Although chapters are devoted to medical education and the origins of the “modern” nurse, for the most part the Carruthers present a series of hospital biographies broadly constructed around hospital type—general, specialist, maternity, paediatric, municipal, mental, and cottage hospital. These sequentially describe the history of individual institutions from their foundation to the first decade of the NHS. The social, economic and medical context is frequently absent and the emphasis is firmly on founders, new buildings, nursing arrangements, and medical schools. Description and contemporary comparisons are favoured over analysis. Patients and medical treatments are largely absent in an account that is often partisan.

Although the acknowledgements imply lengthy study in numerous metropolitan archives, the absence of references makes it hard to disentangle where the Carruthers have bought wholesale into the traditional Whiggish perspective found in the older secondary literature and where they have employed their archival research. There are glaring gaps in the bibliography: key revisionist institutional studies and comparative texts, such as Borsay on Bath, Marland on Wakefield and Huddersfield, or Pickstone on Manchester, appear not to have been consulted. Instead, the Carruthers rely on outdated syntheses and old-style institutional histories for their narrative. Most of the book hence concentrates on the eighteenth and nineteenth centuries, the heyday of the voluntary hospital movement, and contains an implicit lament for the end of the charitable status of these institutions under the NHS. The medieval and early modern periods are largely neglected and deemed a