involved, not least the leading player himself, Sir Henry Wellcome. So full praise to John Symons for having laid a firm path through this mixed vegetation and erected plain signposts to mark each succeeding stage on the way, as well as for the limpid prose ornamented by irony and understated wit with which he achieves this, to say nothing of his delightful footnotes.

The section which speaks most directly to the reviewer is that evoking the Institute's chrysalis years under Dr Poynter's leadership. Recruited as a young librarian not long before Sir Henry's death, this completely dedicated self-made man was happily able to spend the summit years of his long career turning his beloved though sadly dilapidated library (and later museum) into a handsomely furnished and well staffed Mecca for medical historians from the world over. Those were formative years for the subject in Great Britain. One may doubt whether Dr Poynter, with all his vision, expected his labours to produce the astonishing academic fruits that flourish today. And yet, by an ironic twist this outcome was made practically possible only by the Trust's brave decision to amputate the museum, which Dr Poynter had striven with considerable success to modernize, from the library. This and much else lies in my memory from those vital years between 1960 and 1973. I recall particularly the great camaraderie between staff and readers. Each side learned from the other.

To sum up, John Symons has performed a signal service to the Institute by showing it to be the culmination of an extraordinary sequence of events that can happen, really, only once.

Eric Gaskell, Pressignac

Christopher Lawrence, Medicine in the making of modern Britain, 1700–1920, Historical Connections, London and New York, Routledge, 1994, pp. xi, 106, £6.99 (0-415-09168-3).

Overviews of the history of medicine tend to be "useful" at best. Most strive to cover the field for a specified period, blandly providing some idea of recent trends in historiography. *Medicine in the making of modern Britain is* refreshingly different. It does not purport to be a synthesis of the latest literature, though it draws on the best of it. Nor does it aspire to be either a critique or a polemic, though it is rich in critical thought and highly provocative. It is, rather, in the proper sense of the word, an essay—a wide ranging, yet controlled disquisition, which compels by virtue of its intellectual breadth, sagacity and acumen, but, above all, by having something to say, somewhere to take its reader.

That "somewhere" is the centrality of the "interventive clinical encounter", or the doctorpatient interaction (diagnostic, therapeutic and preventative). This, Christopher Lawrence maintains, is the defining characteristic of modern medicine. Fashioned by the 1920s into "a transaction of great social and cultural importance in Britain" (p. 3), the clinical encounter, Lawrence argues, has been crucial in determining the nature of health and welfare policy, medical organization, and much of the categorization, diagnosis and conceptualization of "sickness". Moreover, it lies "at the heart of the current medical crisis" (p. 4). Medicine in the making of modern Britain takes as its leitmotif the problem of how this privileging of the clinical encounter came about, or how, and at what cost to other bodies of knowledge, practices and social relations, it was fabricated.

Discursively, Lawrence tracks 'The Enlightenment', 'The age of reform' and 'Modernity' (each in less than thirty pages), painting in the salient features of medical theory and practice in relation to their contexts, and pointing to the critical differences between each of these time zones. The reader is thus led not only to an understanding of the broad transformations in medicine's organization, practice, meanings and power-from the diversities of the eighteenth century, to the singularities of the twentieth—but also, to an appreciation of the socio-economic, political and cultural conditions under which these processes occurred. The ways in which shifts in assumptions about health and disease relate

to, and (sometimes) impacted upon, those processes is nicely revealed. Throughout, Lawrence defies the reader's complacency, as when he submits that "Lister's so-called 'antiseptic revolution' was in itself a trivial matter" (p. 66), or the National Health Insurance Act of 1911 "was a triumph for voluntarism, the clinical encounter and, less obviously but equally real, gentility" (p. 81).

In all these respects Lawrence's essay admirably meets the objectives of the 'Historical Connections' series—to provide a succinct introduction to important historical findings, to present challenging analysis, and to illustrate and affirm the importance of change in history (as opposed, one presumes, to more literary turnings). That the book's central propositions are open to debate only enhances the book's value as a teaching resource. The question of whether the cultural place of the interventive clinical encounter was really as fixed by the 1920s as Lawrence suggests, and whether it was so decisive in determining the cultural dominance of medicine's social relations ever after, should certainly serve to generate some interesting discussions. If the cultural status of the clinical encounter so empowered the medical profession, how then are we to explain the emergence of the "current crisis" in British medicine? Can reference to doctor-patient relations account for the present political-economic situation in health care?

It is, in part, precisely because such questions can be raised by this essay, that teachers will find it as invaluable as students will find it indispensable. But it is not only as a teaching resource in the history of medicine that it will be welcomed. The book fulfils its title, and can be recommended to anyone in search of an informative and stimulating introduction to the crucial interactions of medicine and culture since 1700.

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Kenneth C McKeown, A tale of two citadels: memoirs of a surgeon and his times, Edinburgh and Cambridge, The Pentland Press, 1994, pp. xiv, 276, illus., £17.50 (1-85821-208-1).

Autobiography is one of the temptations of retirement. Unhappily the urge to set down in print the story of a long and distinguished career ends often in treading again in pedestrian prose the long pathway to success and in re-living in uninspiring cliché country the triumphs of the earlier years. Kenneth McKeown possessed an enviable talent for operative surgery along with the ability to organize and inspire the team of doctors. nurses and secretaries working with him. He exploited with outstanding success the opportunity provided by the first and expansive phase of the National Health Service to bring an efficient consultant surgical service to areas of the country where it had been remote or non-existent. From the unpromising start of a small general practitioner hospital and a Nissen-hutted ex-RAF unit he established a surgical centre in a previously deprived area of Yorkshire which soon achieved a national reputation for its high standards. From this base which he had himself constructed he made a significant contribution to the surgical treatment of carcinoma of the oesophagus which brought him international recognition. It is a story worthy of a better record.

The imagery of the Two Citadels derives from A J Cronin's famous novel. The First Citadel was the stronghold of the medical elite in the major teaching hospitals which dominated the profession before the war and which Cronin perceived as stifling the initiative of the "outsiders". The Second Citadel is the politically inspired NHS management hierarchy which seeks to impose the culture of the market place in an area in which the personal relationship between doctor and patient is paramount. Between the two there were the good years of the Health Service, gilded by nostalgia. The author's intentions for readership are not entirely clear; the frequently recorded encounters with the great men of