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concept adapted from a study by Steve Woolgar and Keith Grint) and suggests how rationalization pressures, government targets and professional interests led to one system being favoured over the other at different points in time. Interest in chronic disease grew contemporaneously with the rise of a new medium, television. Kelly Loughlin's chapter analyses the controversy in the 1950s over a new BBC documentary series on services in provincial British hospitals, explaining changing representations of medical practice in the media with the changing PR policy of the British Medical Association.

The chapters by Aya Takahashi, Roberta Bivins, and Thomas Schlich deal with the uptake of innovations in national contexts fundamentally different from the countries of their origins. Takahashi studies the establishment of a Western-style nursing profession in Japan, and Bivins analyses the uptake of the ancient far-eastern therapeutic technique of acupuncture in Britain, comparing its uses in the nineteenth and the late twentieth century. Both authors find that during the process of translation the imported models were stripped of many of their meanings and that the resulting gap was filled with new contents, informed by the interests of their promoters in the new settings. Schlich looks at the ways in which a system of operative bone fracture treatment, developed in Switzerland, relatively costly and considered to be risky by many surgeons, was adopted in communist East Germany and in the US. Surprisingly, in the GDR, where western currency was in short supply but risks could be controlled well, the system's success was much more rapid than in the affluent American context.

Philippa Mein Smith, Martine Gabolde and Anne Marie Moulin deal with the return of older practices into new contexts. Mein Smith traces the changing fate of midwifery services in the New Zealand health system in the twentieth century, showing how the independent midwife as autonomous birth attendant was re-invented in the 1990s in a complex web of interests of practitioners, consumers and the state, after childbirth had become the domain almost

exclusively of obstetricians and general practitioners. Gabolde and Moulin are interested in the return of living donors in organ transplantation in France. They characterize organ transplantation as a practice at the intersection between the experimental and the therapeutic and locate the causes of change in a context that is shaped—a recurring feature in the volume—by cost pressures and professional interests, but also by changing perceptions of risk and of death.

The collection provides us with interesting case studies, an index and a well-crafted introduction. It will be useful not only to social historians of medicine but also to those involved in the planning and the running of health systems, who want to understand why some changes meet with more resistance and are ultimately less successful than others.

Carsten Timmermann,
University of Manchester

J S Cameron, *A history of the treatment of renal failure by dialysis*, Oxford University Press, 2002, pp. xiv, 353, illus, £45.00 (hardback 0-19-851547-2).

While Professor J Stuart Cameron says that there have been previous histories of dialysis and that there will be more, his own is easy reading and pulls together many issues—professional, technical, psychological, ethical, financial and sociological. The book is structured chronologically and Cameron sets out the halting though steady progress over 100 years with extensive referencing. He deals with his subject from an international perspective, so important in a topic such as this. He points to the changes over time in the conditions producing kidney damage: for example, mercury is not the problem that it was. It would be hard to think of a good reason for producing a further account until new developments remove our ignorance of the pathophysiology and improve clinical care, although I would have welcomed a fuller assessment of the interplay between parallel developments in dialysis and

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transplantation, so interdependent in clinical practice.

It is an exciting story. As medical students in the 1950s, we were told by Professor Max Rosenheim, who later played a substantial role in examining cross infection in dialysis units, about the transplantation of a kidney between two identical twins. We were warned that to fail to ask the potentially life-saving question about the existence of such a twin would lead to failure in finals. Within a single generation of doctors, the diagnosis of acute or chronic kidney failure has changed from a death sentence into a requirement for careful but optimistic life planning. Cameron lays out the many steps and blind alleys in the development of this new technology, where advances could occur in one of many countries, and communication between workers in the same field was not always good. The interplay of personalities and the varying approaches worldwide make fascinating reading, as do the insights into problems from the patients' perspective. Advance was dependent on new materials often developed for quite different reasons, such as those used for membranes and shunts. Improved methods of analysis such as flame photometry and better understanding of physiological issues such as electrolyte balance were essential in clinical care.

Today dialysis appears so routine that we may forget that clinical problems and uncertainties still exist. This book provides a salutary reminder that dialysis itself created clinical conundrums not apparent until those with renal failure lived longer. Emotional problems mattered, for many would come to wish to end their dialysis. Patients were at high risk of suicide, heart attack and blindness. There were syndromes previously unknown such as toxicity from aluminium in the water used for dialysis, and bone and joint pain from amyloid as microglobulins were removed inadequately by dialysis. Then there was the problem of anaemia, largely solved by erythropoietin, and the susceptibility of staff and patients to hepatitis.

Cameron discusses how the financial structure within which health services operate influences the clinical nature of the care patients receive.

Some systems such as the NHS, partly for economic reasons, have placed great emphasis on ending the need for dialysis by transplantation, freeing resources for other patients. Others have been content to expand dialysis services seemingly without limit, driven by commercial imperatives. None have been able to avoid the problem of explicit or implicit rationing.

As well as clinicians, other medical historians—such as myself—will find this book a treasure trove in both its contents and the way in which the curtain is drawn back on the complexity of clinical advances. Few are made by an isolated genius. Too seldom do clinical disciplines have a well-recorded history and Cameron's book could serve as a pattern for others. Indeed, this book goes beyond history and could help those concerned with policy development and clinical practice.

Geoffrey Rivett,
London

NDA Kemp, *'Merciful release': the history of the British euthanasia movement*, Manchester University Press, 2002, pp. vii, 242, £42.50 (hardback 0-7190-6123-7), £14.99 (paperback 0-7190-6124-5).

In the 1990s, the case of Tony Bland, one of the victims of the Hillsborough stadium disaster, highlighted the issue of non-voluntary euthanasia. However, in Britain at least, the history of euthanasia has attracted only limited attention. That gap is now filled by Nick Kemp's book, which examines the euthanasia movement in this country, from its beginnings in the 1870s to the present day.

In the introduction, Kemp explores the religious and philosophical origins of the concept, and explains why there was no organized movement before the 1870s. A recurring theme is the ambiguity of the term: euthanasia has also embraced the killing of mental defectives. Another is the need to distinguish between what doctors intended, and the unintended consequences of the application