

David Clark, Neil Small, Michael Wright, Michelle Winslow and Nic Hughes. *A little bit of heaven for the few? An oral history of the modern hospice movement in the United Kingdom*, Lancaster, Observatory Publications, 2005, pp. viii, 239, £15.00, illus. (paperback 0-9544192-0-0).

The Hospice History Project was set up at the University of Sheffield in 1995. In the intervening ten years it has carried out a number of unique and seminal projects documenting and recording the emergence of the modern hospice movement and of palliative care for dying people. These have included the creation of archives, the preservation of documents and photographs, and the creation of databases of patient records between 1879 and 1960 for two early Irish hospices. The oral history project is just one among its important achievements. The sum of many parts, the Hospice History Project serves as an exemplar to others seeking to record and preserve accounts, both contemporaneous and subsequent, of developments in medical care.

The 200 oral history interviews completed by 2003 have all been transcribed, and, if all goes to plan, will be available for public access in hard copy and digitized formats. This book presents a condensed narrative taken from the documents and photographs so far assembled, but with the interview data providing the leading edge to the story. And it is a story. As the authors' introduction makes clear, this is "*an oral history and not the oral history of hospice care in the UK*" (p. 6, their emphasis). Being the history of a movement, the extracts used construct a narrative of change, viewed by protagonists and instigators. The story is one of achievement, with minor setbacks, and of pioneers, epiphanies, conversions and manoeuvrings inside and outside the NHS. It has more than the occasional celebratory ring to it.

With the last statement as a caveat, it is, none the less, a significant and important contribution to the history of a particular movement and of change and development within the UK health system. Key figures in the hospice movement, including its founder Dame Cecily Saunders

(recorded before her death in 2005) and Eric Wilkes, the Sheffield-based consultant whose influential work with the voluntary sector was to set a pattern for the movement's development, are among the interviewees. However, as the authors point out, their aim was to collect accounts from local and national innovators in hospice and palliative care work, some of whose memories are both poignant and informative. For example, that of Janet Gahegan, describing her experience of nursing in the mid 1980s: "I think for all nurses, it was such a joy to be able to actually get patients pain-free. When you had nursed a few patients who had died in pain and you'd watched them die in pain, to actually be able to stop that happening again was wonderful, you know, it was really, it was one of the best things that ever happened . . ." (p. 144).

The book is divided into eight chapters which cover 'Personal motivations', the development of hospices, teamwork in hospices, the rise of hospice organizations and professional associations, spirituality and hospice care (this is a very Christian story), pain and symptoms, bereavement care and the family, and a final chapter, 'Finished and unfinished business'. Appendices, including a timeline of key points in the history of hospices and palliative care, pen portraits of the people interviewed, and an account of the work of the Hospice History Project, are helpfully clear. Fully illustrated and accessibly written, it is certainly to be recommended, not only to those interested in and working in hospice and palliative care but to wider audiences of students studying innovation in large health systems.

No amount of documentation could provide an account so rich in its revelation of motivations, means and methods, and of change in professional knowledge and careers. The oral history evidence tells of networks in the development of theory and practice from first-hand perspectives with, amongst other intriguing things, the history of the 'Brompton cocktail', an early approach to pain-relief which, though extensively resorted to, never actually appeared in the British National Formulary.

While the book does not provide an answer to the question raised in its title—most deaths are

amongst non-cancer victims over the age of sixty-five and not in hospices—this oral history does, as the authors argue, identify the roots for: “a transition which . . . could ensure that the benefits of a model of care—previously available to just a few people at the end of life—will in time be extended to all who need it, regardless of diagnosis, stage of disease, social situations or means” (p. 4).

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Constance E Putnam, *The science we have loved and taught: Dartmouth Medical School's first two centuries*, Hanover and London, University Press of New England, 2004, pp. xxvi, 375, illus., \$35.00 (hardback 1-58465-370-1).

Teaching hospitals and medical schools have traditionally taken pride in celebrating the anniversary of their foundation. Centenaries and bicentenaries present opportunities to commemorate an institution's past and commission institutional histories. Dartmouth Medical School is no different: it celebrated its bicentenary in 1997 and commissioned a history from Constance Putnam. However, rather than serving up a familiar and dry account common to many institutional histories, Putnam has produced a more nuanced and detailed examination of an American medical school that can not only boast two centuries of medical education but also claim two foundations, the first in 1797 and a second virtual re-foundation in the 1950s.

In *The science we have loved and taught* Putnam provides an imaginatively researched and meticulous history of Dartmouth Medical School. In it she examines the personalities involved and carefully navigates the ups and downs of the institution, the often fraught debates over the school's provision of undergraduate and clinical education, and its relationship with Dartmouth College, the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC). The result is an exhaustive administrative history of a medical school that at times “muddled along”

(p. 179); one that in the twentieth century weathered numerous threats of closure and internal turmoil, but remained a closely knit institution with a strong sense of community, collegiate identity and pride. These characteristics are reflected in Putnam's account.

Dartmouth was the fourth medical school to be established in the United States but often found itself in an anomalous position. It was the first medical school to be set up in a rural area and in some ways remained separate from the mainstream of American medical education, especially in the wake of the Flexner Report and the school's forced suspension of clinical training between 1913 and its introduction of an innovative three-year programme in the 1970s. However, like other fledgling schools, it was initially dominated by its founder, the entrepreneurial Nathan Smith, who did most of the teaching. The result was an often parochial institution where character was more highly praised than academic performance. Putnam shows how it was only from the 1830s that the curriculum was extended and systematized as the medical school expanded, appointed new staff and added new buildings. Science teaching was improved and the school embarked on a programme of what seems like constant reform. At first this was shaped by internal concerns, but by the twentieth century the fortunes of the medical school were closely tied to the investigations of the AMA and the AAMC. Putnam's account meticulously details the often troubled interactions between the school and these bodies, and their impact on the medical school's fortunes.

However, as with so many other medical schools, individuals continued to exert a strong influence over Dartmouth. As Putnam carefully shows, this was not always for the good. For example, under Rolf Syvertsen's deanship Dartmouth experienced a gradual decline leading to the virtual re-foundation under Marsh Tenney in the 1950s. Indeed, individual staff rather than students, teaching or laboratories dominate *The science we have loved and taught*. Through the individuals involved in the school, Putnam examines the events that shaped Dartmouth's development from its early years to the doldrums