

## Book Reviews

The editors claim too much. This is a thin collection of essays that range widely from the thirteenth to the twentieth centuries and from pharmacy to midwifery to medical students to foreign doctors in London. Some of the pieces are narrowly focused on small events or a single text, while others seek to explain particular developments over a century or more. Only a few of the authors seek to relate their subjects to the broader development of the healing arts in Britain. A conclusion reached in one essay, moreover, seems at times to contradict that in another. The writing styles vary from rambling, pedantic prose to a few sprightly essays to three or four clear and stimulating presentations.

Yet the collection is not without redeeming qualities. Among the authors and editors are some of Britain's ablest medical historians and some of them do make small additions to our understanding of the particular path followed by Britain in educating its practitioners. The essay by Irvine Loudon, for example, not only offers an excellent summary of his previous work on the training of general practitioners but actually deals with some of the real questions raised by the volume's title. W F Bynum's contribution on 'Sir George Newman and the American way' compares developments in early twentieth-century Britain with the contemporary model in the United States. New to this reviewer is the explication of the Scottish-Australian connection in medical education in the nineteenth century by Laurence M Geary. A suggestive piece by Stephen Jacyna explores more deeply than elsewhere the changes in scientific teaching in Edinburgh in the years from 1790 to 1870. Some of the other contributions also present suggestions and ideas that are new and worthwhile.

What disappoints is the opportunity lost to make a new assessment of the peculiarly national course of medical education in Britain. Perhaps a different title might have raised fewer expectations. British training in medicine was different from that on the Continent and in North America. To understand that difference, historians must look anew at some of the larger

questions of medical pedagogy in the context of British society and British polity. For all the wonderful outpouring of materials by the creators of Britain's medical history industry, it remains for someone—Loudon? Porter? Bynum?—to do some serious organizing and make sense of what we already know about the education of doctors and other health practitioners in Britain.

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**Lee Anderson and Gregory J Higby, *The spirit of voluntarism: a legacy of commitment and contribution: the United States pharmacopeia, 1820–1995*, Rockville, MD, The United States Pharmacopeial Convention, Inc., 1995, pp. ix, 598, no price given (0–913595–88–8).**

The status of a pharmacopoeia, be it officinal or official, depends upon the manner and regularity of its revision. Until the establishment of the British Pharmacopoeia Commission in 1928 revisions of the pharmacopoeia were irregular. In 1925 when it was proposed to revise the 1914 edition there was general agreement that the work would be out of date by the time it was ready for the press. The United States Pharmacopeia, on the other hand, had arrangements for regular revisions very early in its history. Decennial conventions ensured a version every ten years until the 1940s when a five year cycle was introduced, based on a system of continuous revision.

This book is a detailed account of the formal and informal proceedings leading to the production of each revision of the U.S.P. The title refers to the voluntary efforts of physicians, pharmacists, scientists and others who, through the Conventions and Revision Committees, attempted, and often succeeded, in bringing the pharmacopoeia in line with changes and advances in medicine and pharmacy.

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Gregory Higby who has written the history of the pharmacopeia to 1900 gives a succinct account of pre-pharmacopeial literature in America and events leading to the first edition of 1820. It is worth noting that a more detailed account of this period is given by Glenn Sonnedecker in three articles published in *Pharmacy in History* (1993–4) and reprinted by the U.S.P. to coincide with the publication of this book.

The work for the pharmacopeia was carried out by a Committee of the Philadelphia College of Physicians until after the Civil War when there were calls for reform. The American Medical Association rejected a suggestion by Edward Squibb that it become responsible for the work. The American Pharmaceutical Association took up the challenge and under the leadership of Charles Rice, Chief Pharmacist to the Bellvue Hospital, New York, transformed the revision process into a nation-wide project.

Towards the end of the nineteenth century the U.S.P. acquired legal status by being included in state laws. In 1906, at the time its authority was enhanced with the passing of the Federal Food and Drugs Act, the work was still geared to the practising pharmacist but the expanding pharmaceutical industry and the mass production of biologicals, synthetic drugs and new dosage forms such as the compressed tablet raised urgent questions regarding the purpose of the pharmacopeia. What had hitherto been regarded as a guide to contemporary drug therapy was becoming a source of enforceable drug standards. Lee Anderson, who has specialized in the history of health care in the United States, has written the account of the complex problems and the pressures facing the pharmacopeial committees from 1900 to the present.

In 1970 the scientific director of the British Pharmacopoeia Commission observed "The publication of a new edition of the United States Pharmacopeia is always an event of great importance". The administration and discussions leading to this success are detailed in this history which gives a clear indication of

the problems involved in determining the direction and scope of the pharmacopeia. Unfortunately it lacks detail of the contents of the revisions and the scientific work leading to procedures for quality control. The problem for the reader interested in the timing and nature of change is exacerbated by the index, which, like the text, gives greater prominence to administration and organization. The 12th revision (1942) saw the introduction of the first official injections and compressed tablets. This major innovation is only briefly mentioned in the text and neither tablets nor injections are listed in the index. In the 18th revision (1970) the U.S.P. took the lead in the development of standards for microbial contamination of non-sterile products. The subject has just one paragraph devoted to it and no reference in the index either to the problem or to the U.S.P. Advisory Panel on Sterilization that worked on it.

M P Earles, Eltham, London

**Thomas N Burg**, "*Sieches Volk macht siechen Staat*". *Arzt, Stand und Staat im 19. Jahrhundert*, Vienna, Edition Praesens, 1994, pp. 150, DM 37.00 (3-901126-26-0).

This short study of the medical profession and public health administration in nineteenth-century Austria starts with a view on the present. The introductory part chiefly discusses Ivan Illich's critique of modern medicine, particularly the theme of medicine's tendency to monopolize and control health matters at the cost of the patient's autonomy. Burg seeks the historical roots for this in the professionalization and "scientification" of medicine in the previous century. While the anatomo-clinical gaze (in the sense of Michel Foucault) is rather briefly illustrated, among others with Carl von Rokitansky's pathological anatomy, aspects of the professionalization of doctors are the author's main topic.

Burg looks into the various suggestions and (largely failing) efforts to reform Austrian