

that “the lives of scientists, considered as Lives, almost always make dull reading”. It is an entertaining and idiosyncratic work that, as Jane Oppenheimer, its editor, remarks, rambles and repeats itself, and minor points set off digressions that assume epic proportions.

The autobiography covers the period between his earliest memories (about 1797) to 1864, and deals in depth with his education, scientific studies, his professional life as an academic, and his travels. I was constantly struck by how remote this period is; for example, when von Baer talks of tending wounded soldiers when Napoleon invaded Russia, or that he completed much of his research before the Cell Theory, or that spontaneous generation was an accepted form of reproduction. Von Baer gives much background on his embryological and zoological studies, but the section dealing with his travels is surprising. Like T. H. Huxley, von Baer undertook a variety of commissions for the government, particularly studying fishing practices. He appends an extensive bibliography in which he expounds on various controversies and attempts to set the record straight. He would have been a remarkable man in any age and some of his views seem very “modern”. On education, he writes “. . . the desire to learn is infinitely more productive than irksome coercion and that where desire is lacking very little is achieved, and whatever is accomplished is soon lost again.” On the problem of authority in science, he wrote of Haller: “. . . a man with such a prodigious output might possibly not be careful enough in his research, nobody seemed to have dared to imagine”.

This is a fascinating autobiography that should interest everyone concerned with this period. It is unfortunate that the production is not of higher quality. There are missing lines, misspellings, and mis-bindings in the review copy.

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CHARLES TURNER THACKRAH, *The effects of arts, trades and professions on health and longevity*, 1832; together with A. Meiklejohn, *The life, work and times of Charles Turner Thackrah* (1957); reprinted with a new preface by Saul Benison, Canton, Mass., Science History Publications, 1985, 8vo, pp. xiv, 217, illus., \$15.00.

C. T. Thackrah was a Leeds surgeon who, in 1831, published a short text on occupational health and disease, “with particular reference to the Trades and Manufactures of Leeds: and [with] suggestions for the removal of many of the agents, which produce disease, and shorten the duration of life.” The work was topical and successful. It was republished in America and in a second, enlarged, English edition which has remained a classic of industrial medicine. In 1957, Dr A. Meiklejohn, a noted practitioner and historian in that field, published a reprint of the 1832 version together with a very useful biographical study of Thackrah. It is Meiklejohn’s edition which has now been further reprinted by Science History Publications. The new preface is very brief, but it is good to have the 1957 work available again for purchase.

Since 1957, the social history of English medicine has developed considerably; we know the outlines of medical politics in the provinces for the period of Thackrah’s text. It fits into a context of nascent, often rival, medical schools, and of local medical societies, some of whose members would support the early Provincial Medical and Surgical Association. Together with this medical “socialization” came publications meant to establish the intellectual status of individuals, towns, and the provinces in general.

Manchester and Sheffield are now better known than Leeds, which would repay more local study, moving outwards from Meiklejohn’s work. Wool towns were different from cotton towns, as attitudes to factory acts demonstrated, and the strong tory faction among Leeds surgeons is particularly noteworthy — a major caution against sloppy interpretation of “bourgeois medical reform”. There is still much to be learned about the complex knot of socio-medical politics that surfaced around 1831 — not just cholera and dissection, but puerperal fever, debates on charity, population, work, urbanization; on the success or failure of the industrial system.

Here Thackrah’s text is central but oblique. His work became a staple of debates over the conditions of the working classes, but it is not fully of the “urban studies” genre founded by J. P. Kay. Rather, it stands in a more natural-historical tradition which explored particular

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consequences across a catalogue of occupations. With Thackrah, an eighteenth-century form entered a debate which was central to the nineteenth century. Its republication reminds us of the continuities as well as the changes and controversies that characterized a key turning-point in British medicine.

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DANIEL M. FOX, *Health policies: health politics. The British and American experience 1911–1965*, Princeton University Press, 1986, 8vo, pp. xi, 234, \$25.00.

This book is a comparative study of the British and American health systems as they have developed since the end of the nineteenth century. It argues that the key to understanding them is the concept of “hierarchical regionalism”. Hierarchy describes the process by which the specialized and exclusive knowledge of the medical profession is dispersed to the population at large via health care. Regionalism is the organizational principle on which both the British and American health care systems are based. It involves the dispersal of facilities on an area basis.

Daniel M. Fox makes rather large claims for the concept of “hierarchical regionalism”. He says that in it lies the key to understanding how the health care systems of both countries have developed. He argues that “Debates about how to pay doctors, govern hospitals and apportion the costs of caring for working class and indigent patients seemed more important to contemporaries throughout the century than did the consensus about hierarchical regionalism”! (p. 208) and that this has led many historians of medicine to the mistaken conclusion that these controversies are more significant than they were. This has led to a neglect of the slow, unwinding, and silent motor of health care systems in America and Britain — hierarchical regionalism. Fox seems to be arguing that it was precisely because of its widespread and unspoken acceptance that it has failed to attract the historian’s attention.

I would not disagree about one aspect of hierarchical regionalism. Underlying this rather unwieldy term is the idea that the professionalization of medicine and the emergence of a caste of doctors and health-care professionals offering specialist medical care are important influences on the way health-care systems function. Many health-care professionals see offering to the public parcels of medical care as the means of secure status and advancement and they see medical institutions as the vehicle for this process. This is an important part of the story of health care in the twentieth century. But, unfortunately, Fox does not carry his discussion very far. If he had, he might have been forced to make some conclusions that modify the force of the concept of hierarchical regionalism. For example, whilst, to put it crudely, the relationship of doctors to the health market in health care is very noticeable in the USA, the situation is far more complex in Britain because of the existence of the state-funded National Health Service. Second, the position of many “élite” medical men (and women) in Britain is also more complicated and cannot be analysed solely by the theory of professionalization. Gaining access to and influence among other social and political élites, becoming one of those who tender advice to the political class, has had a very notable effect on the careers of many of the great and good in British medicine. When they achieve the higher level, politics and adherence to the general social and educational values of the élite become rather more important than the demands of professionalization.

“Regionalism” seems to me to be an unexceptionable concept, though, perhaps because of that, not very illuminating. Where I do disagree with Fox is in his determination to disenthroned all other factors in the story in favour of hierarchical regionalism. This leads him to exaggerated and misleading statements. He says, for example, that by the twentieth century, “How services should be organised had become the starting question for health policy. Money — either to maintain the wages of members of the working class or to finance their access to services — had become a subordinate issue.” (p. 30). If we believe this, what are we to make of the debates in Britain in the 1920s and 1930s on the relation between low wages and benefit levels and malnutrition and ill health? Many among the medical profession continued to be perfectly clear