Scientific Biography in 1989. Nevertheless, it is an important contribution. As the time is not yet ripe for a detailed biography, we need books on single aspects of Ehrlich's life. His papers, held at the Rockefeller Archive Center in New York, contain a lot of material that needs to be considered. Thus, in spite of its shortcomings, Silverstein's book is important as it gives a rich and detailed overview of the intellectual development of Ehrlich's immunology.

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Judith Robinson, *Noble conspirator: Florence S Mahoney and the rise of the National Institutes of Health*, Washington, DC, Francis Press, 2001, pp. xiv, 342, illus., $28.00 (hardback 0-96665051-4-X).

Florence S Mahoney, a wealthy private citizen, assisted the growth of the biomedical research enterprise in the United States federal government during the last six decades of the twentieth century. Mahoney exuded intelligence and charm; and she had access to leaders in politics (especially in the Democratic Party) and newspaper publishing.

Mahoney and Mary Lasker, her principal ally, began to lobby for public investment in biomedical research during the 1940s. In that decade, an ever-growing number of opinion leaders believed that increased public spending for research, professional education, and facilities would quickly translate into longer and more pleasant lives for Americans.

Two new federal policies financed what became a supply side spending spree on behalf of the health sector that continues today. Robinson relegates one of these policy innovations, establishing the extramural research programme of the National Institutes of Health, to a footnote and does not mention the other, massive federal subsidies to build and equip hospitals.

Congress routinely re-authorized the US Public Health Service (PHS), which includes the NIH, while the Second World War was the highest national priority. As a result, few people except agency and Congressional staff noticed that the PHS now had authority to make grants for research to non-federal investigators and institutions. In the final months of the war, PHS leaders quietly secured White House approval to transfer the most promising research contracts, as well as funding to continue them, from the temporary federal agency that managed wartime science to the new NIH extramural grants programme. Within a few weeks these contracts became the first NIH grants.

Meanwhile, a highly visible effort to establish, through legislation, a national agency to fund research in all scientific fields stalled because of conflicts about policy within Congress and between Congress and the White House. These conflicts were not resolved for almost five years, during which NIH leaders and their allies, who included leaders in research, advocacy and philanthropic groups, and the media, as well as Mahoney and Lasker, took advantage of the absence of competition. When the National Science Foundation began to operate in 1950, biomedical research remained the responsibility of the NIH.

Robinson relegates this well-documented history to a footnote (p. 284). Perhaps she did so to reinforce her claim that "Mahoney and Lasker [were] skeptical that existing agencies like the PHS were up to the job that the women had in mind" (p. 71) and her implication that, eventually, PHS did her heroines' bidding. But with the exception of the creation of a new National Institute for Mental Health, when Mahoney and Lasker led a coalition, PHS leaders and

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their allies in Congress did not need to rely on them.

The Hospital Survey and Construction Act of 1946 (Hill-Burton Act) helped to drive the build-up of the supply side of the health sector. Because Hill-Burton paid subsidies to public and private organizations to build or renovate hospitals, states could afford to subsidize constructing and staffing research laboratories adjacent to teaching hospitals. In these laboratories, medical scientists generated (and trained others to generate) grant applications to the NIH. Although Lister Hill, sponsor of this Act in the US Senate, appears many times in this book, Robinson never connects him to the Hill-Burton Act or the Act to the mobilization of demand to increase federal funding for biomedical research.

Mahoney and her allies remained facilitators rather than power brokers until the 1980s. An exception was Mahoney's leadership of a five-year campaign in the 1970s, against considerable opposition within and outside the PHS, to authorize a National Institute on Aging (NIA).

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J T H Connor, *Doing good: the life of Toronto's General Hospital*, University of Toronto Press, 2000, pp. xi, 342, illus., £40.00, US$60.00 (hardback 0-8020-4774-2).

Geoffrey Reaume, *Remembrance of patients past: patient life at the Toronto Hospital for the Insane, 1870–1940*, Canadian Social History Series, Don Mills, Ontario, Oxford University Press, 2000, pp. xii, 362, illus., £12.50 (paperback 0-19-541538-8).

All too often, hospital histories have been accused of being narrow; of being too caught up in the narrative life of the institution concerned. In *Doing good*, Connor offers, in many ways, an antidote to such accusations. He has written an engaging and contextualized commissioned history of Toronto's General Hospital that squeezes the most out of the records. Although *Doing good* fails to escape the problem of focusing on the prominent men—Christopher Widmer, John Rolph, Joseph Flavelle—who played an important role in shaping the hospital, Connor sets out an accessible yet scholarly "biography" that reveals "how interconnected the hospital's history is with that of the society that surrounds it" (p. ix). The work is, therefore, more than just the story of a hospital, its nursing, buildings, medical care and administration; it casts light on Canadian medicine as it explores professional relations, medical education, and the political and social role of hospitals in Toronto.

Always sympathetic to the institution, Connor locates the origins of the Toronto General in the unsettled environment of Upper Canada, showing how it emerged in the 1790s out of a sense of Christian duty and philanthropic concern, but did not acquire a home until 1819 (and did not occupy it until 1829). From its foundation, the hospital went through three incarnations, and several locations and buildings, as it expanded and changed function, while always, Connor argues, "doing good". It evolved from a charitable hospital that had many of the administrative trappings of its transatlantic cousins, to a public charity with the receipt of government funding in the 1850s, after a chaotic period in which the hospital's "dirty linen" (figuratively and literally) was often on show. Connor demonstrates how, by the 1880s, the Toronto General had emerged from these turbulent years to become a model hospital after a period of reorganization and expansion, although it was only after 1900 that a scientific and research culture took root. By the early twentieth century, the General had become Toronto's major academic hospital, one of the few Canadian hospitals to escape

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