example. Moreover, the astringent empiricism of the Parisian clinical school and the "analytic" approach of Pinel could also, with some plausibility, be advanced as contenders for the title of "medicine of the Revolution".

What gives Braunstein's claim greater weight is the recognition of the essentially *polemical* nature of Brousssais' system, which developed out of a series of encounters with other strands of contemporary medical and philosophical thought. Braunstein provides, for example, a lucid account of the contrasts between Broussaism and such competing schools as the pathological anatomists, organicists, and experimental physiologists.

The principal antagonist of Broussais' system, however, was the medicine and philosophy of the Restoration. This is most obvious is Broussais' polemic in *De l'irritation et de la folie* against Cousin's vapid, but seductive, spiritualism. However, But Broussaism was not merely a set of texts: it was a political movement. Students of medicine, in particular, flocked to it because they saw a barely-veiled political statement in Broussais' propositions. Physiological medicine became a standard of resistance to the efforts made during the Restoration to negate the consequences of the Revolution, and to impose a new orthodoxy upon the university and ultimately upon society. Medicine bore the brunt of these attacks upon what was seen as a vicious cultural inheritance. In as much as it developed in opposition to such assaults, Broussais' system was, indeed, the medicine of the Revolution.

The scope of this book goes beyond Broussais' own lifetime. In the discussion of the "heritage of Broussais", later responses to him are considered, including those of Comte and the Positivist school. As Broussais' individuality receded into the past, his name survived in the later nineteenth century as the archetypal representative of an ill-defined, but potent, complex of ideas called "Medical Materialism". One of the most informative sections of the work deals with the extent to which this outlook remained associated under the Second Empire (and, it should be added, under the Third Republic) with republican and anticlerical sentiment. Indeed, when French medical students attended the socialist International Congress of Students in Liège in 1865, they helped to forge a link between Medical Materialism and revolutions still to come.

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GRETA JONES, *Social hygiene in twentieth-century Britain*, London, Croom Helm, 1986, 8vo, pp. 180, £25.00.

Do not be misled by the title of this book. Dr Jones is not using the word "social hygiene" in the specialized sense it acquired during the 1920s to denote the problems of venereal disease. She is concerned with its wider meaning of population improvement through the regulation of the biological laws governing human reproduction and development. So her book is about the eugenics movement, but it also covers industrial psychology, "scientific" nutrition, and health education. Her reason for taking this approach is that, as this book amply documents, "there was a remarkable amount of peregrination through various areas of health reform by individuals and groups and a high degree of interchangeability between the memberships of different health organisations."

By brooding over the implications of this situation, Greta Jones has written a slightly untidy, but stimulating book, which usefully undermines the prevalent belief that eugenics should be treated in isolation or viewed as antithetical to other reform movements that sought an alteration to the social environment or in people's habits. In practice, the claims of "Nature" were not opposed to those of "Nuture" in the simple way that is commonly supposed. Most of Greta Jones's "social hygienists" were indeed "hereditarians", but what united them at a more fundamental level was their confidence in the possibility of achieving social progress through the application of "science".

But, especially during the inter-war years, the purpose behind all the interest in "scientific breeding, living and eating" was "to adjust the poor to the current economic conditions of

deflation and unemployment". Significantly, several of the social hygienists had earlier participated in the Charity Organisation Society, and in the traditions of that society they operated as "uninvited experts"—experts whose self-appointed mission it was to regulate the lives and even the breeding patterns of the sick, the poor, and the socially deviant. Dr Jones consequently rejects Michael Freeden's view that eugenics and its allied creeds had any significant affinity with "progressive" thought. Most social hygienists, as she shows, viewed the working class with fear and suspicion, and the Labour Movement (with the exception of a few fringe right-wing elements) retaliated by showing a consistent hostility to social hygiene. Little wonder that when Labour achieved its political breakthrough in the 1940s, social hygiene went into eclipse.

But Greta Jones is equally concerned to distance herself from the fashionable view that hereditarian social philosophies embodied the aspirations of the "new" professional middle classes. Social hygiene, she argues, did not originate as a movement to advance the career interests of the scientific community. In any case, since by the 1920s, landed society, the middle-class professions, and business had effectively united to form a new "ruling class", Dr Jones sees little point in trying to differentiate between its constituent elements. But she does also make an important negative point. According to received wisdom, businessmen played little part in the eugenics movement. In this book, Dr Jones sets out to refute this claim. Historians, she suggests, have been misled by unduly concentrating on the membership statistics of the London-dominated central society, to the neglect of its provincial branches. This conclusion neatly harmonizes with the main theme of the book, which is that the social hygienists' view of health and population as "resources" to be scientifically developed was rooted in the needs of a new capitalism, in which former doctrines of *laissez-faire* had been displaced by the commitment to state intervention and "rationalization".

Dr Jones sustains her thesis very convincingly. But her approach does give rise to certain problems. For though she is undoubtedly correct to emphasize the logically incongruous amalgam of hereditarian and environmental positions dominating the inter-war "public health" movement, she is not entirely successful in ascribing the "weight" that each should be accorded. Leaving aside working-class politicians and the most crudely dogmatic historical materialists, almost every middle-class "expert", politician, and reformer in inter-war Britain emerges from this study with the tag of "social hygienist" attached around his (or often her) neck. It was just such a difficulty which led the present reviewer a few years ago to suggest that it might be useful to try to distinguish between different kinds of eugenist—"strong", "weak", "tactical", "medical", and so on.

The absence of any such distinction in turn creates problems in establishing the proper relationship between social thought and social action. As Dr Jones shows, discussion about social policy in the inter-war period was frequently seasoned with hereditarian assumptions and rhetoric, with constant allusion to the differential birth rate and many hysterical comments about the alleged multiplication of the feeble-minded. But what, in practice, did all this talk achieve? Surely very little. Not even the Mental Deficiency Act of 1913 can be attributed solely to the "race deterioration" scare. For when it came to the actual formulation of policy, ministers were restrained by a whole series of moral and political pressures inimical to eugenics—as is shown in the excellent fifth chapter of this book, which chronicles the failure of the campaign to legalize voluntary sterilisation in the 1930s. Whatever their aspirations, the self-constituted experts and academic analysts of the time were never permitted to play the role of "unseen legislators".

Greta Jones ends her book by suggesting, not too seriously perhaps, that the present political climate might be propitious for a revival in the fortunes of social hygiene, which, she claims, still "exercises a significant residual influence in thinking on British social policy". But the ideologues of the "New Conservatism" are surely under a greater intellectual debt to mid-Victorian political economy than they are to early twentieth-century social hygiene. If the latter has any present-day followers, these can more plausibly be located among the "greens", the anti-smoking lobby, the anti-nuclear protesters, and so on—groups whose challenge to the authority of governments and multi-national companies puts them, however, at the opposite end of the political spectrum to that occupied by Dr Jones's social hygienists. It might also be argued

that AIDS is a "racial poison", compared to which the threats to the health of the population identified by the earlier social hygiene movement pale into insignificance! But even to raise such issues is to draw attention to the enormous changes that have occurred in the social framework of discussion on public health since the period that Greta Jones has skilfully anaylsed in this book.

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JANE LEWIS, *What price community medicine? The philosophy, practice and politics of public health since 1919*, Brighton, Wheatsheaf Books, 1986, 8vo, pp. vii, 172, £9.95.

As Jane Lewis points out, few histories of the National Health Service, prior to the work of Charles Webster, have paid much attention to the role of public health departments in the State system of health care in Britain. Lewis's book admirably corrects this deficiency and documents the complex historical price that has been paid for community medicine, involving the internal failures of preventive medicine and the external constraints that it has persistently encountered both from government and clinicians.

Dr Lewis outlines how the concept of public health, which enjoyed a broad political mandate in the nineteenth century, became much narrower during the twentieth century, concentrating on the delivery of personal health services and municipal hospital management. This development has resulted in the ill-defined realm of community medicine, created as a new specialism in 1974. But community medicine is a sort of no-man's land for doctors who are specialized in health planning, epidemiology, disease prevention, and environmental analysis. They are caught somewhere between the cost-cutting requirements of local government management and the priorities of a clinical medicine that regards its own professional independence as a divine right.

The decline of public health, according to Lewis, has largely been the result of the profession's failure to establish a coherent philosophy and to function as a watchdog service, relating poverty and ill health to political decisions concerning the allocation of economic resources for the health of populations. The salaried officers of the public service allowed themselves to be side-tracked into focusing their attention on the management of personal health services. This left the public health service ill-equipped to counter the criticisms made by political pressure groups and social investigators of poverty and ill health during the second world war. The rise of the academic concept of social medicine replaced old-style public health with new analyses of social pathology. This, together with the power of the clinical profession, eliminated the role of medical officers of health from the centre stage of the National Health Service when it was established in 1948.

During the 1960s and '70s, medical officers of health experienced difficulties in their managerial tasks because of pressure from the clinicians for independence and the complexities of local government organization. From within their own departments there was additional conflict from social workers, who emphasized the roots of social breakdown and separated their role from the public health service. In 1974, the role of the medical officer of health was abolished and the Faculty of Community Medicine established. The idea was to make health planning a new medical discipline with equivalent professional status to the clinical specialisms. Community physicians achieved consultant rank. But the 1974 reorganization did not take into account the problems that arose from transition and the informal hierarchy that perpetuated the superior power of the clinicians in the system. Community physicians were unable to emancipate their planning role from short-term management decisions. In addition, they had to contend with the requirements of local authorities to cut resources for health care generally.

There are some questions which Dr Lewis does not directly address, chiefly those related to internal conflict within the public health profession. During the nineteenth century, medical officers of health were a highly stratified occupational group, and the ideological conflict