

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 analysed in this book.

G. R. Searle  
University of East Anglia

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

## Book Reviews

between part-time and whole-time, provincial and metropolitan officers was deep. Did the occupation become entirely homogenous in the twentieth century or did new divisions replace old ones? Were there singular or multiple professional aims and goals amongst public health officers? Were they agreed amongst themselves? Dr Lewis tells us there were two major features of ideological development. On the one hand, massive incoherence of philosophy; on the other, a singular narrowing of focus which concentrated on the delivery of personal health care services. This seems to be a contradiction. Was there a lack of hegemony amongst public health professionals or was there an overwhelming reduction of horizons that governed all members of the profession equally?

Whatever the conflicts, failures, or achievements of the public health profession have been, the current state of community medicine is one of disarray. The role of the community physician is best summarized by Alwyn Smith, past-president of the faculty, as “primarily an administrative assistant to his clinical colleagues or seeming to advocate curtailment of his activities”. Redefinition of the role cannot be achieved without understanding the history of its development. Jane Lewis has written a very important book since it provides an excellent basis on which decisions concerning future direction can be based.

Dorothy Watkins  
Wellcome Institute

COLIN A. RUSSELL, *Lancastrian chemist. The early years of Sir Edward Frankland*, Milton Keynes, Open University Press, 1986, 4to, pp.ix, 187, illus., £30.00.

A German-trained organic chemist, Frankland's greatest contribution to nineteenth-century chemistry was the formulation in 1852 of the concept of chemical bonding, or valency, which as an eminent adviser to, and examiner for, the government's Department of Science and Art he was able to push into the emerging science educational system of the 1860s. A crony of Huxley, Tyndall, Hooker, and Spencer, he was also one of the formidable band of Victorian experts and exponents of scientific naturalism who gave scientific evidence and advice in legal and parliamentary inquiries and who exerted influence on the science policies of the Royal and other learned societies. Frankland's most significant connexion with medicine was in the cleansing of the nation's water supplies through his development of a powerful method of water analysis (which brought him into violent dispute with a former pupil, Alfred Wanklyn) and in his work as a commissioner on river pollution. His knighthood was well deserved; yet despite the fact that his contribution to the transformation of Victorian science and society was as important as that of a Chadwick, Simon or Huxley, he had remained a little-known and little-studied Victorian.

Colin Russell has set out to remedy this neglect by writing what will be a two-volume biography based upon a decade's study of Lancastrian archives and the newly-available and extensive collection of Frankland's papers. The first volume, which is engagingly written as mystery story, tells in rich local detail of Frankland's illegitimate birth to a Lancashire servant-girl in 1825, of his disjointed education, his apprenticeship to the Lancaster pharmacist, Stephen Ross, in 1840, and of how he (and several other youths) were encouraged to learn chemistry by two local doctors, the Lancaster Mechanics Institute, and through the ideology of mutual improvement. Destined for a medical career, in the event Frankland qualified neither in pharmacy nor medicine, for in 1845 the local medical grapevine found him employment as an analyst in Lyon Playfair's laboratory in the Museum of Economic Geology in London.

Considering how disadvantaged Frankland was by the social stigma of illegitimacy, Russell concludes that no single factor in his fascinating Lancashire upbringing—even the identification of his natural father—will explain his later success. The detailed exploration of that success in a sequel will be awaited with relish.

W. H. Brock  
University of Leicester