

anaesthesia and surgical risk in Britain in the nineteenth century, and Silke Bellanger and Aline Steinbrecher's study of brain death in Switzerland 1960–2000 might not, at first sight, seem obvious candidates for twinning. Yet a moment's reflection reveals them both to deal with a state that is a dangerous border zone where uncertainty can prevail. After the introduction of chloroform anaesthesia, proponents and opponents argued over the ways in which perceptions of risk of death when the agent was used changed the actual risk, since anxiety and fear were held to be predisposing causes of chloroform's effects. In short, they came to radically different conclusions about the risk of employing the drug. In Switzerland, in recent history, doctors tried to establish objective criteria for brain death to minimize the risk of removing an organ for transplantation from someone who might otherwise recover. Gradually it became apparent that the communication of risk between medical staff and relatives was constitutive of the perception of that risk itself. The interesting question is whether the psychological constitution of objective risk demonstrated in these two important essays is an anomaly because of the grey area they deal with or, in much more subtle ways, is present in all risk assessment.

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Daniel Callahan and Angela A Wasunna,
Medicine and the market: equity v. choice,
Baltimore, MD, Johns Hopkins University
Press, 2006, pp. x, 320, £23.50, \$35.00 (hard-
back 0-8018-8339-3).

The last century witnessed enormous changes in the context of health care. At the beginning of the twentieth century the most important health problems were those associated with the deaths of infants and children and the consequences of infectious disease. In the developed world, these problems have receded, and much more attention is now devoted to the prevention and treatment of chronic conditions and the

prolongation of life at older ages. These changes have placed increasing demands on the capacity of national health care systems to meet their users' expectations, regardless of whether the systems in question are publicly-funded or market-led. However, despite this, much attention continues to be paid to the role which markets may or may not be able to play in meeting future health needs.

This book examines the role of markets in the provision of health care in both developed and developing countries over the last hundred years. It starts by presenting an overview of the role played by markets in the development of health care since the late-eighteenth century, before proceeding to offer a series of detailed surveys of the relationship between markets and the state in Canada and the United States, western Europe, and different parts of Africa, Asia and Latin America. It then offers a detailed account of how the pharmaceutical industry helped to promote market-based approaches to health care, before attempting to summarize the value of market-based ideas and seeking to identify the shape of future trends. Although the authors claim that their sympathy for market-based ideas increased during the period in which they were writing this book, they nevertheless conclude that "the market . . . has a potential only at the margins of government-run systems" (p. 245).

One of the book's most important features is the attention it pays to the provision of health care in developing countries. During the 1980s and 1990s, the World Bank and the International Monetary Fund persuaded many of these countries to introduce market-led reforms, but the results—as Joseph Stiglitz has pointed out—were rarely encouraging. However, although Callahan and Wasunna recognise that the introduction of these reforms often led to a deterioration in the standard of health care in many parts of the developing world, they also insist that these countries need to "find a balance" between the state and the market, and that some degree of inequality in the health care system may be a necessary price to pay for the achievement of economic growth. Unfortunately, however, they offer relatively little guidance as to how this price might be calculated.

At the start of the book, Callahan and Wasunna emphasize the fact that, since one of them is a philosopher and the other a lawyer, they are both “outsiders” in relation to many of the debates with which the book engages, and this is a source of both strength and weakness. One of the strengths is that they have clearly made a substantial effort to master a very wide range of technical material and make it accessible to other non-experts, and this has enabled them to provide a highly-accessible introduction to issues which are both complex and important. However, they sometimes advertise their outsider status a little too loudly, and their information is not always entirely accurate. It is somewhat surprising, for example, to learn that the National Health Service was introduced in Britain in 1947 (pp. 32 and 59), and that the World Health Organisation’s famous declaration that “health is . . . a state of complete physical, mental and social well-being” was also issued in the same year (p. 90). The book is also marred—unnecessarily—by some apparent inconsistencies. On p. 31, the authors seem to suggest that in the United Kingdom, the government “runs the entire [health care] system”, before going on to observe six pages later that “no country has a purely-government run system”.

Despite these criticisms, this is undoubtedly a useful book for anyone who requires an introduction to the relationship between government and the market in the provision of health care on an international basis, and the authors have also raised some important questions of their own. Although they would like the United States to move much closer to a western European model of health care, they recognize that this is unlikely to happen in the near future, and they also think that many European countries are likely to continue to experiment with market-based reforms in the hope of controlling medical costs. However, in the long run they believe that costs can be contained only if there is a change in values—a greater emphasis on disease prevention as opposed to treatment, and a recognition that perfect health is unattainable.

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Michael Hunter (ed.), *Robert Boyle’s ‘Heads’ and ‘Inquiries’*, Robert Boyle Project Occasional Papers No. 1, London, Robert Boyle Project, Birkbeck, University of London, 2005, pp. xvi, 37 (0-9551608-0-4; 978-0-9551608-0-6).

Michael Hunter and **Harriet Knight** (eds), *Unpublished material relating to Robert Boyle’s Memoirs for the natural history of human blood*, Robert Boyle Project Occasional Papers No. 2, London, Robert Boyle Project, Birkbeck, University of London, 2005, pp. xv, 50 (0-9551608-1-2; 978-0-9551608-1-3). Copies of both books may be downloaded as PDF files from the Robert Boyle website at www.bbk.ac.uk/boyle.

Michael Hunter has not only published important studies on various aspects of Robert Boyle’s life and works, he also took on the task of cataloguing the vast and notoriously jumbled collection of the Boyle Papers and Letters housed at the Royal Society of London. Now, he and Harriet Knight, through the ongoing Robert Boyle Project, are publishing short cohesive collections of related material from the archive and other manuscript collections, which will be even more helpful to those working in Boyle studies and in the history of early science and medicine more generally.

Robert Boyle’s ‘Heads’ and ‘Inquiries’ illustrates well the usefulness of these and future collections. The papers, comprised of lists of things that Boyle desired to know either by direct observation or experimentation, have been collected from the scattered loose sheets that were incorporated into volumes 10, 18, 22, 25, 26, 27, and 36 of the Boyle Papers as well as manuscripts in the British and Bodleian libraries. In addition to his well-known interests in chemistry and mechanics, Boyle’s rich research agenda is displayed through his queries on a wide range of topics including electrical bodies, magnetic phenomena, elasticity, water, light, insects, tastes, odours, copper, and gems. Of particular interest to readers of *Medical History* would be Boyle’s list of ‘Anatomical Experiments to be try’d’ and ‘Praeliminary Topicks or Articles of Inquiry in order to The History of Diseases’. The latter, previously and erroneously attributed to John Locke, includes questions about how diseases may differ by climate and time of year, or