may be. Filled with moving testimony of the workforce itself, there is a poignancy that reflects the sympathies of the authors and the suffering of the people they interviewed. Workers were sometimes incidental to the needs of a ravenous economy, eager for the coal that powered the birth and rebirth of industry. In light of this, we find that people themselves were sacrificed, sometimes knowingly, sometimes not. The elaborate century-long intellectual rationales used to "distinguish" the environmental and occupational "causes" of lung disease was, in many ways, a distraction from the reality that dust in the mines killed. The technical discussions detailed in this fine book are, in a way, a terrible indictment of the professional as well as the political community.

It is impossible for this American reviewer not to comment on some of the similarities as well as the differences between the experience in the UK and the US. In general, the history of lung diseases among miners is remarkably similar in both countries: the transformation of work, the debates over responsibility and risk, the ways that the epidemiology of lung diseases were subject to the changing political winds all resonate with this writer. Gerald Markowitz and I have detailed a similar story in our own book, *Deadly dust*. But, there are differences as well that, while too much to go into here, are important to identify. Perhaps the most important is the fact that in the UK the reality of a strong labour movement, a central government that reacted to the demands of labour and a medical community of politically engaged physicians ready and eager to aid the workforce itself led to a continuous attention to pneumoconiosis and lent legitimacy to the experience of the labourers. Whatever the political machinations that continually reshaped and delayed remedy, this alone is important. In the US there were decades during which barely anyone paid attention to the suffering of miners and their families. While black lung legislation was eventually passed, silicosis was rarely mentioned after the 1940s and was assumed to be a disease of the past. It was only in the 1990s after the end of the Reagan and Bush I presidencies that government formally recognized that pneumoconiosis still ravaged large numbers of people. Today, there is an effort once again to tuck this disease away, to relegate it to a cabinet of curiosities, far from the gaze of public health or labour officials. Hopefully, this excellent book and other work will not allow us to forget the steep price the workforce pays for our economic prosperity.

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**E P Hennock,** *The origin of the welfare state in England and Germany, 1850–1914: social policies compared*, Cambridge University Press, 2007, pp. xvii, 381, £55.00, $99.00 (hardback 978-0-521-59212-3), £19.99, $35.99 (paperback 978-0-521-59770-8).

Future historians may judge the key moment of New Labour's stewardship of the NHS to have been Tony Blair's pledge, on 16 January 2000, to raise British health expenditure to the level of the European Union average. But how was it that the NHS, once celebrated for its economy, now stood revealed as excessively parsimonious? As Peter Hennock's new book shows, to understand this we need to look beyond recent policy to more distant history. Indeed, the reasons why British social expenditure has so often been "restrictive", in contrast to the more "expansive" (p. 345) welfare states elsewhere lie with decisions taken a century ago.

Although it does not break major new ground in terms of primary research, this text is a substantial addition to the historiography of the welfare state. Hennock has developed a distinctive methodology founded upon the comparative study of England and Germany, which he uses to illuminate the unique features of each. Public health historians will already be aware of articles demonstrating the value of this approach: his analysis of smallpox vaccination programmes in the two countries,

which illustrated the greater effectiveness of compulsion in driving down death rates, and his comparison of their two sanitary movements, with their respective impacts on trends in mortality from enteric diseases. Now comes the full length work on the establishment of their welfare states.

Starting with a comparison of the poor laws from the mid-nineteenth century (with the pre-unification emphasis particularly on Prussia), the book then examines the coming of industrial injury legislation. Here a key contribution is Hennock's exposition for non-German readers of the latest findings on Bismarck's motives for promulgating accident insurance (the foundation stone of the welfare state). Previous scholars emphasized the Iron Chancellor's aim of heading off working-class support for socialism by offering welfare benefits. However, recently published papers demonstrate this was not the original goal, even though it figured in the accompanying political rhetoric. Instead Bismarck sought to aid German business by replacing the costly and unpredictable industrial injury laws with a simplified contributory insurance scheme, so that the red tape of workers' compensation would no longer impede entrepreneurship. Thus we must now think of the welfare state at its moment of conception not as a legitimizing strategy, but rather as a device enabling the smoother running of industrial capitalism.

Medical historians will be most interested in Part III of the book, where Hennock deals with sickness insurance and pensions. He shows how, with accident insurance now compulsory across Germany, momentum grew for a uniform system of sickness insurance; again this was a business-friendly move, aiding the mobility of labour and the "autonomy of employers" (p. 158). Coverage rose dramatically after compulsion was introduced in 1883, building on the pre-existing provident and industrial funds. The German commitment to graduated levels of contributions and benefits was established early on, and differentiation according to wage levels also figured in the pension arrangements, tying in the better paid workers to the system. In Britain however, the policy was driven not by the promotion of economic development but by the concern to alleviate poverty. Here the path was determined by the extraordinary prior success of the friendly society movement in extending voluntary sickness insurance to millions of workers. Features such as the flat-rate contribution were carried over into the state scheme and minimal levels of sickness benefit and old-age pension were favoured, so as not to discourage voluntary savings. Similarly, it was the scale of provision and expenditure under the poor law which provided the precedent for the tax-funding of pensions and public health; in Germany the empire's tax reach was less extensive, making contributory insurance the only viable option. Hennock uses the case of tuberculosis treatment, which was quickly taken out of the British national insurance scheme, to illustrate the early preference for tax-funding over insurance where uniform health provision was desired.

After a final section on unemployment policies, the conclusion synthesizes the key features of the comparison and draws out the long-term implications. The distinction turns on Germany's early embrace of earnings related contributory insurance to fund its welfare state, and its greater use of compulsion. It also had a more comprehensive range of benefits, for example including hospital coverage within its health insurance scheme. England meanwhile adopted flat-rate contributory insurance with more limited health and unemployment benefits, and funded pensions, again at a minimal level, through general taxation. Shying away from compulsion, it sought (from Lloyd George, to Beveridge, to Thatcher) to leave scope for voluntary savings, a calculation which has proved unrealistic and contributed to high levels of old-age poverty. Similarly the dependence of the NHS on income from taxation is rooted in past practice and has delivered lower levels of funding and poorer outcomes than in countries with social insurance, as Germany's more flexible system demonstrates.

A few caveats may be entered, so that readers approach the book with appropriate expectations. First, despite the protean subject matter there is a heavy reliance on the work of several key historians like Florian Tennstedt, Noel Whiteside and Bentley Gilbert, and various more minor or recent contributions which might gloss (though not alter) the narrative have been omitted. Second, although the book provides rich pickings for path dependency theorists, this is not a conceptual approach which Hennock fully embraces (p. 340), concerned as he is to give full play to contingency and individual agency. Third, the concentration on only two countries lacks the broad sweep of other cross-national comparisons of welfare states, and Hennock is rather disparaging about purveyors of the genre, "filling in the blank spaces in a pre-determined framework" (p. 4) and being "more interested in inventing labels than in historical accuracy" (p. 200). Instead he demonstrates the nuance, depth and fine-grained analysis which his chosen method can deliver. The book is a master class in comparative history, which will surely inspire future scholars to follow in his footsteps.

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**Susan Gross Solomon** (ed.), *Doing medicine together: Germany and Russia between the wars*, Toronto and London, University of Toronto Press, 2006, pp. xvii, 533, illus., £42.00, $65.00 (hardback 978-0-8020-9171-0).

From its opening sentences, *Doing medicine together* appears self-evidently as an ambitious collection of essays exploring the multi-textured ties between Russian and German medicine and public health from 1919 to 1939. Thick with acronyms of Soviet and German institutions, bristling with hundreds of fleeting individuals, speckled with footnotes that ought to be read, and dusted with a layer of Russian and German phrases, Susan Gross Solomon's splendidly edited, extraordinary book is not for the faint-hearted. It demands diligence and perseverance, especially for the non-expert on contemporary Soviet–German history. It is worth the effort.

There is now a vibrant scholarship in general, world, and global history analysing political and economic bilateral relationships between nation states. This trend has found comparatively less vogue in the history of medicine and science, where it usually appears only under the rubrics of internationalism, imperialism, colonial studies, or most recently studies of forced migration. While works by Ilana Löwy, Peter Galison, Susan Leigh Star, and John Pickstone have advanced comparative national studies of science and medicine theoretically, few historians have actually demonstrated through substantial archival research the ways cross-national and cross-cultural currents shaped the development of medicine and science. Hence, *Doing medicine together*. Through its eleven case studies this volume considers the complicated political-economic landscapes that characterized Rapallo-era Soviet–German relations, while also successfully establishing four historiographic frameworks for understanding the role of bilateralism in the national patterns of science and medicine.

The volume's four sections are organized around themes that include friendship, entrepreneurship, internationalist versus bilateral motivations, and migration to the "Other". The opening chapters by Paul Weindling, Marina Sorokina, and Michael David-Fox analyse the process of choosing medico-scientific friends. As these authors make apparent, this practice was, on the one hand, riddled with thinly veiled ambitions for personal prestige and international scientific stature, and on the other, unsurprisingly fraught by ideological suspicions commensurate with Communism in Russia and growing ultra-nationalism in Germany. Individuals and institutions alike thus found themselves tied to dual cultural and intellectual agendas: aims and agendas