

took a different course from its Scandinavian counterpart. Interestingly enough, Frank Tate, Victoria's first Director of Education, who was one of those eugenicists in Victoria who supported the introduction of legislation to stop the 'racially unfit' from propagating — as well as being a major figure in the reform of education in Australia — undertook a study tour of Scandinavia for the Victorian government and, in consequence, published an enthusiastic endorsement for the reformist Scandinavian society he visited.¹

In conclusion, I consider these essays an excellent exploration of the long-ignored darker side of the modernist, progressive movement which has significantly affected the societies we live in today.

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The National Health Service: A Political History. By Charles Webster. Oxford University Press 1998. Pp. xiii + 241. c. \$40, paper.

The British National Health Service (NHS) celebrated its fiftieth anniversary this year. The high point of the Attlee Labour Government's social welfare reforms, it became the archetype of 'socialised medicine'. Alone among the English-speaking nations, and almost alone in Europe, the British rejected insurance-based models of health finance and introduced a system that is (almost) free and (almost) universal.

Consequently, the appearance of a substantial study of the NHS is of interest to a wider audience than specialists on recent British political and medical history. Charles Webster, already well-known for major studies on early modern science and medicine, recently completed an exhaustive official history of the NHS from its origins in 1972. These two massive volumes give a thorough account of the policy-making process, an indispensable reference for the specialist historian. He has now summarised this history for a more general audience. Away from

1. Frank Tate, *Some Lessons from Rural Denmark*, Melbourne, 1924.

the constraints of official history, he gives a sympathetic and accessible account of the vicissitudes of the NHS, while remaining open, and often acid, about the system's many failings. A reader unfamiliar with British politics may find the going hard at times, but there is a useful political chronology and Webster usually takes some pains to explain more obscure policy links.

It is a complicated story, merging narratives of high politics — successive governments' attitudes towards the welfare state the control of expenditure and the proper role of the public sector — and the day-to-day interactions of administrators, specialists, general practitioners, nurses and patients. The most persistent theme is of political neglect. If the NHS became the sacred cow of British politics, this veneration was not matched by public spending.

Contrary to some myths, the NHS was not the result of a deep wartime consensus; its very existence was bitterly contested from the start. Webster shows the dissipation of support for centralised administration amongst the ruling Conservatives at the end of World War 2 and their inability to produce more than a 'particularly unhappy compromise, incapable of community support from any group, and offensive to all' (p. 12). Labour's fiery Minister of Health, the ex-miner Aneurin Bevan, was more successful in investing his centralised scheme with the aura of the advance of civilisation. A messy compromise emerged from this rhetoric of the New Jerusalem. A complicated tripartite split placed the hospitals under regional authorities, while the great London teaching hospitals remained largely autonomous. General practitioners and other health professionals — the most fervent opponents of the new system — became 'independent contractors', and local government was left with a mishmash of poorly co-ordinated public health services.

Most of the remaining history is of recurrent (and usually misguided) government panic about the cost of the NHS, and poorly conceived short-term responses. In its first two years the new universal service uncovered levels of need that only had been hinted at in pre-war critiques of the British health services. Budgets exploded and the NHS was left with an image of profligacy that shadowed it for decades. Webster demonstrates that the real problem with the NHS was chronic underspending. Centralised control and government parsimony starved hospitals of funds and general practitioners were so underpaid that the 'brain drain' became a national crisis. During this supposed golden age of the welfare state, both political parties played their support for the NHS to the full during elections. In practice, each allowed the system to

degenerate. The glow of national pride that suffused public attitudes towards the health service — and a recognition of its superiority over its predecessors — hid the reality of declining standards of service and simmering discontent amongst medical and other health professionals.

The final third of the book is devoted to the Conservative era. In 1979, Margaret Thatcher came to power with an abiding horror of the NHS as the symbol of the collectivism that she was determined to root from British life. She also brought a native caution and political realism (not often recognised by her critics) that led her reforms in unusual directions. An initial predilection towards private health insurance (an old Tory theme) died quickly as the Treasury explained the massive costs of this form of privatisation. Instead, her reforms reflected a deep distrust of the professions as self-perpetuating cartels, and her government's experiments with the business methods of the New Public Management. Drawing her advice from businessmen and economists she weakened medical input into policy-making and moved towards experiments with 'internal markets' and managed competition, unscrambling the professional hierarchies of the NHS. Webster is unsympathetic to much of this change. He points to its most striking effect — a vastly increased managerial layer as the cost of administration more than doubled as a percentage of expenditure between 1981 and 1997. At the same time, Thatcher's administration recognised the key position of general practice, if only as a constraint on costs and balance to the power of Harley Street.

Webster's account finishes with a brief account of the Blair Government, arguing that changes have been marginal, reflecting New Labour's 'poverty of ideas' on the health service. He concludes with a grim warning. While the NHS still fulfils Bevan's humanitarian vision of a universal health service that relieves families from much of the anxiety of ill-health, it has a clouded future. Without higher funding and better use of its scarce reserves of skills the NHS risks the fate of Eastern Europe — 'a defective socialised system, with no viable private-enterprise alternative within reach of the greater part of the population' (p. 217).

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