John C. Burnham, ***Health Care in America: A History***. Baltimore: Johns Hopkins University Press, 2015. Pp. xiv + 596. ISBN: 978-1-421-41608-3. $34.95 (paperback).
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This volume represents the first serious attempt to craft a grand synthesis of American medical history since the publication of James H. Cassedy's *Medicine in America: A Short History* in 1991. Drawing upon both classic and contemporary scholarship, Burnham aims to provide a comprehensive overview of the major developments in American medical thought, practice and organization from the colonial era through to the present. While not without its faults, *Health Care in America* largely succeeds in this endeavour. Throughout, the author manages to weave a discussion of evolving disease patterns, shifting intellectual currents, institutional changes and varying therapeutic practices into a coherent master narrative of America's medical past. Scholars owe Burnham a debt of gratitude for having brought decades of scholarship into a single, highly accessible text – one undergraduates will be reading for years to come.

In order to make sense of the four-century stretch of time under consideration, Burnham divides his account into four sections: 'Traditional medicine' (early 1600s–1880s), the 'Age of science and modernization' (1880s–1950s), the 'Age of technology' (1940s–1980s) and the 'Era of genetic medicine' (late 1980s–present). As this periodization scheme suggests, most of *Health Care in America* deals with twentieth-century developments; in fact, 61 per cent of its content deals with the period after the advent of germ theory in the 1880s – which Burnham accepts as the dividing line between 'traditional' and 'modern' medicine. In these chapters, Burnham skilfully juggles a number of the most important storylines in twentieth-century American medicine – including the epidemiological transition; the invention and subsequent spread of new diagnostic and therapeutic technologies; public health; the consolidation of practice, education and research around the hospital (along with the institution's subsequent decline in the latter third of the century); the growth of the health insurance industry (along with battles over compulsory coverage); the shifting status of the profession; the increasing prominence of the federal government; the emergence of Big Pharma and other for-profit players (nursing homes, for example); and the rise of voluntary organizations (the March of Dimes, the American Heart Association, etc.) and influential lobbyists (such as Mary Lasker). As all of this goes to show, health care in America became increasingly complex as the century wore on, and the strength of the book lies in Burnham's ability to distill each respective era down to its essential medical characteristics without succumbing to oversimplification. Quite simply put, Burnham's breadth of coverage is phenomenal, and his simultaneous attention to detail and subtlety is a thing rarely seen in works of this nature.

Perhaps one of the book's most interesting finds concerns the consistent intellectual drift of twentieth-century American medicine away from the reductionist dictates of bacteriology. Although technological innovations occupy a central place in modern American medicine, it appears that this has not yielded an increasingly mechanistic understanding of disease. In fact, whether it be the 'physiological medicine' of the interwar period, the beginnings of immunology in the 1950s, the discovery of the patient's 'biopsychosocial world' in the 1960s or the present era of personalized medicine, leading physicians have consistently distanced themselves from monocausal disease models, emphasizing instead the complex interactions between germs, lifestyle choices and that ever-expansive space called 'the environment'. So complete has the trend towards anti-reductionism been that in the book's penultimate chapter (dealing with the present era of 'genetic medicine'), Burnham writes of how doctors' emphasis on 'multiple, subtle causes' bears an 'eerie resemblance' to the Hippocratic disease models of the early nineteenth century (p. 460). Of course, this is a Hippocratism rooted in bacteriology and virology, but that goes to prove Burnham's central point: American medicine has become increasingly complex with the passage of time.

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As noted above, *Health Care in America* does not succeed on all fronts. Most notably, its central argument is lacking in persuasive power. Tying together Burnham's narrative is the question of how American health care evolved from something that was initially 'a personal or at most neighborhood concern' into what it is today a 'gigantic system' that consumes between 15 and 20 per cent of the nation's GDP (p. ix). Why have so many Americans made health care a central part of their lives? With the passage of time, why have they demanded more and more of it? These are incredibly important questions, but unfortunately *Health Care in America* does not do them justice. While providing ample evidence to support the claim that, with each passing decade, 'more Americans were using more health services', Burnham's analysis is ultimately more concerned with the consequences of the country's increasingly complex health care system than the factors that created it (p. 368). In regard to the question of causes, Burnham regularly invokes modernization, but the impact that industrialization, urbanization, bureaucratic styles of organization and revolutions in communication and transport had on medicine's transition from 'tradition' to 'modernity' is generally asserted rather than proven. Thus, while the point that 'as society changed profoundly, so did health care', is an astute one, actually illustrating it would require a more in-depth discussion of non-medical developments than that offered here (p. 296).

Fortunately, this inattention to broader social, political, economic and cultural developments is the book's sole flaw. Some readers may accuse Burnham of presentism, of applying the retrospectoscope, of omitting certain subjects, or of applying terms like 'tradition' and 'modernization' in a rather loose way, but here one must bear in mind the book's intended audience: the non-specialist reader. Others may find fault with the organization of individual chapters, which are divided into dozens of subsections and at times lend the book an episodic, somewhat disconnected, feel. In this reviewer's view, however, Burnham accomplishes exactly what the general synthesis should: providing the reader with all of the basic, essential information, while simultaneously provoking questions addressed in more specialized texts. On that score, Burnham performs quite admirably, and, as such, I heartily recommend *Health Care in America*.

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Graham Mooney, **Intrusive Interventions: Public Health, Domestic Space, and Infectious Disease Surveillance in England, 1840–1914**. Rochester, NY: University of Rochester Press, 2015. Pp. 292.
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Intrusive Interventions expertly charts the transition of infectious-disease management from a disjointed collection of locally enforced measures to a nationwide system of surveillance. Key to this new, consolidated infrastructure was a policy of compulsory notification, around which operated practices of isolation, disinfection and contact tracing. Although Mooney's work is framed by the civic-focused ideas that underpinned public health in the late nineteenth and early twentieth centuries, his groundbreaking focus is the materiality and performative aspects of infectious-disease surveillance. Such attention to the practices of preventive medicine is, of course, a nod to Michael Worboys's seminal book *Spreading Germs* (2000). But where Worboys later reflected that he 'missed a trick' by not paying closer attention to the performance of germ management, Mooney's new book attends precisely to this issue.

Drawing upon rich collections of parliamentary papers, local- and central-government records, medical texts and periodicals, Mooney deftly traces the development of policies, practices and technologies that underpinned the performance of infectious-disease surveillance. His case studies – Liverpool, Manchester, Birmingham, Nottingham, Leicester and London – demonstrate how central-government policies permeated public health at a local level. In these cities the practices of public health were a mixed bag: local authorities were notified of any individual cases of

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