

American society at large is sure to spark debate about the networks and politics of science. He also carefully highlights questions about the FDA's recent transition from a focus on drug safety to one of risk management; it is a subject, he writes, that deserves much more attention.

As the title suggests, the FDA's extraordinary influence over pharmaceutical regulation is contingent on the mutually reinforcing concepts of reputation and power. According to Carpenter, 'reputation built regulatory power in all its facets' and the concept is defined 'as a set of symbolic beliefs about an organization, beliefs embedded in multiple audiences' (p. 10). Yet, in his persuasive view, that reputation has always answered to the particular needs and demands of American consumers and government at different points in political, social and technological history. Carpenter argues that the FDA's powers, which developed in concert with its reputation, are categorised into directive power, gate-keeping power and conceptual power. It is also worth noting that this taxonomy of power is explicitly Carpenter's and he is not simply revealing an evident historical situation.

This book, moreover, is not an addition to the growing body of literature censuring the medico-corporate complex. In recent years, such authors as Abramson, Angell, Healy, Kassirer, Law and Moynihan and Cassells, among others, have offered polemical, sometimes a-historical, accounts of the FDA's relationship with the American pharmaceutical industry. Useful and informative, works by these authors nonetheless hinge on a straightforward narrative often directed at a popular audience. By contrast, Carpenter's express goal is to describe the complexity of drug regulation and avoid an oversimplification of FDA approval standards and behaviour. He strives for cool impartiality. In his estimation, the FDA is neither a puppet of the unscrupulous drug industry, nor an agency populated by self-righteous public servants who unwittingly deprive Americans of lifesaving drugs. Despite recent criticism for his failure to attack the industry from Dr Marcia Angell in the 30 September 2010 edition of the *New York Review of Books*, his tome consistently underscores both the minor and major mistakes committed by the agency and the pharmaceutical industry.

Carpenter's book was ten years in the making and it shows. The research is wide-ranging and groundbreaking and the impressive range of materials will certainly help expand the field. Besides visiting over 30 different archives in the United States, Carpenter consulted records in India, Germany, the United Kingdom and Switzerland, thereby opening fascinating veins of future inquiry. Though dense and imposing, *Reputation and Power* is essential reading for modern historians of medicine. In a renewed climate of interest in regulation, it is a sober addition to the previous polemical debates about the world of pharmaceuticals and their regulation and is sure to generate a broad discussion.

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Catherine Mills, *Regulating Health and Safety in the British Mining Industries, 1800–1914*, Farnham; Burlington, VT: Ashgate Publishing Ltd, 2010. Pp. xxv + 284. £60. ISBN 978 0 7546 6087 3.

Social, political and legal historians will profit equally from reading Catherine Mills' study of the emergent responses to occupational hazards in British mining. Medical historians will also benefit from Mills' discussion of the aetiology and pathology of occupational

diseases in Britain's metalliferous and coal mines, alongside her previous work—in particular, 'A Hazardous Bargain: Occupational Risk in Cornish Mining 1875–1914', *Labour History Review* 70 (2005), 53–71—as well as that of Mark Bufton and Joseph Melling, Arthur McIvor and Ronald Johnston, and Sue Morrison. The bulk of the monograph (five out of the eight chapters) is given over to charting the twists and turns of the struggle to regulate health and safety in the British mining industries. The remainder of the book discusses the nature of risk and industrialisation, scientific debates and investigations into occupational diseases (particularly *ankylostomyiasis* and silicosis), and control of hazards in British mines.

Mills' charting of the regulation of health and safety in Britain's metalliferous and coal mines is principally structured around Oliver MacDonagh's analysis of changes in governance during the nineteenth century, with particular attention paid to his work on the evolution of the statutory regulation of coal mining. Qualifying MacDonagh's model of social progress, Mills describes the laborious task faced by reformers spurred on by the regular mining disasters, gruesome death tolls and harrowing accounts. Amongst these reformers (and aside from colliers themselves), the *Mining Journal* led a vocal campaign to improve upon existing statutory tools. These campaigns were undertaken in the face of entrenched Parliamentary mining interests, and successive ministers who were both indifferent to change and sensitive to the political implications. In contrast to the attention paid to the safety of coal miners (in no small part because of the industry's strategic importance to the nation), legislation governing health and safety in metalliferous mines was tardy and even more diluted than that for coal mining. Mills attributes much of this to the highly individualistic occupational culture of British metal miners. She argues that this occupational grouping were at best ambivalent to the campaigning of leading inspectors such as Clement Le Neve Foster (1841–1904) and Parliamentary campaigners like Arthur and George Kinnaird (the latter of whom chaired the Royal Commission on conditions in all mines, which reported in 1864), and at worst, opposed.

Mills' portrayal of the endeavours of inspectors like Foster, as well as physiologist John Scott Haldane, highlights the significant role played by these figures. Despite Haldane's resistance to the idea that coal dust presented a significant hazard to colliers—Mills speculates that Haldane's views may have been influenced on this by James Beattie's work on stone dust—he was nevertheless instrumental in advancing the pathology of occupational diseases in metalliferous mines. Her portrait also further underlines the immense personal risks that figures like Foster (who died as a result of his reforming zeal, never recovering from being gassed in a mine) and Haldane (colourfully described in Martin Goodman's recent biography of Haldane, *Suffer & Survive. Gas Attacks, Miners' Canaries, Spacesuits and the Bends: The Extreme Life of Dr J. S. Haldane*, 2007) took in their pursuit of the aetiology and pathology of occupational diseases.

Mills notes that the resolve of opponents of more rigorous regulation of health and safety in metalliferous mines was further strengthened by the decline of the native industry, particularly in the non-ferrous metals sectors, with increased competition from within the Empire and *outrés-mers*, with Government even more averse to intervening. This opposition to further regulation of metalliferous mining was equally evident in the policing of health and safety. For example, miners at the Levant Mine in west Cornwall protested against the introduction of safety tags, while the introduction of water sprays to suppress dust from drilling prompted them to declare that they would 'sooner die of silicosis than pneumonia or rheumatism' (p. 229). Mills' focus on the high politics of the regulation of health and safety in British mining during this crucial period does mean that this has precluded a more detailed study of the aetiology and pathology of

occupational diseases, and local responses; given this, Mills' assertion that metal miners 'willingly colluded' (p. 73) in obstructing improvements, deserves further scrutiny. Nevertheless, this is a valuable contribution to the historiography of occupational health and safety, and will complement the existing literature.

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Cheryl Krasnick Warsh, *Prescribed Norms: Women and Health in Canada and the United States since 1800*, Toronto: University of Toronto Press, 2010. Pp. xvii + 316. \$34.95. ISBN 978 1 44260 061 4.

Since the 1980s, the history of women and health has become a lively and engaging sub-field within the history of medicine, contributing both to our scholarly understanding of this area and to women's health activism. To write, then, a history of women and health covering two centuries in two countries, as Cheryl Krasnick Warsh has done, is an ambitious project; its scope is both its strength and weakness.

Prescribed Norms is divided into three parts: Part 1—*Rituals*—provides a cross-cultural history of menstruation, the medical treatment of menstrual complaints, and the invention of menopause as a disease; Part 2—*Technologies*—examines traditional and modern childbirth practices, as well as the 'future' of childbirth, focusing on new technologies and diagnostic procedures; Part 3—*Professions*—provides an overview of women's struggles to gain entry into medical schools and to be treated as equals in medical practice, as well as a history of the professionalisation of nursing. Throughout the book, Krasnick Warsh insists that women's health issues—both as patients and practitioners—can be understood by examining the cultural meanings assigned to women's bodily experiences.

For readers new to the area of the history of women and health, *Prescribed Norms*, provides a good introduction covering many issues within each chapter, as well as drawing upon a voluminous body of secondary literature. For readers, however, who are familiar with this literature they will be disappointed since the book does not go beyond this same literature. At no point, for example, does Krasnick Warsh provide an explanation for comparing the women and health issues in Canada and the United States. Presumably, the reasons are that the two countries share the longest border in the world; that they are among the richest industrialised countries in the world; and that cross-border travel of medical personnel, research and ideas has to lead to a fertile exchange between the two countries. Compare this approach to that of Feldberg *et al.*'s *Women, Health, and Nation* (2003) upon which Krasnick Warsh draws, in which the editors argue persuasively that citizenship and nationality matter. Different regulatory, research, funding and policy environments have shaped and structured women's health issues in uneven ways both within and between these two border nations. Krasnick Warsh is not unaware of these issues; indeed she notes the differences between the two nation states here and there. But, overall, the focus of Krasnick Warsh's book is the authority of biomedicine, as exemplified in the title *Prescribed Norms*, which given its status and productivity would seem to transcend borders.

Since the 1960s, the analysis of women's health issues by both academics and activists has played a key role in the feminist movement in part because women's control over their bodies was a key rallying point for feminist organising, and in part, because the women's health movement offered alternative and practical models of delivering health care to