

BOOK REVIEW

Fit to Practice: Empire, Race, Gender, and the Making of British Medicine, 1850-1980, by Douglas M Haynes

Hardback, 256 pages
University of Rochester Press
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The thesis of Haynes' book is that regulation of British medicine from the latter half of the nineteenth to the late twentieth century was deeply racist and gendered, favouring white male British graduates. This conclusion may be relatively uncontroversial, but it is meticulously argued.

Haynes uses General Medical Council and government committee minutes, correspondence, journal articles and detailed tables and statistics to examine aspects of regulation from the Medical Act of 1858 to 1980. Some constant themes emerge; for example, the tension between restricting access to British medicine from overseas graduates whilst meeting the demand for medical manpower in Britain. At times of greater demand – the days of empire, the two World Wars – entry requirements for foreign graduates were relaxed, though discrimination against them still remained in the form of measures such as temporary registration.

Haynes' style is clear and his arguments well presented, though at times the sheer amount of detail presents a challenge and in places his book reads more like a PhD thesis than a book for the general reader. Academics with an interest in race in British medicine – the “gender” of the title receives far less attention – should read it. Others, particularly medical practitioners working during the 1960s onwards, might find it a rewarding and interesting volume to peruse selectively.

Intense detail renders this a “deep and narrow” exploration, and Haynes pays little attention to the social attitudes of the day. For example, he presents the discussions following the 1858 Medical Act, which centred on restricting overseas doctors' rights to practise whilst preserving British doctors' rights, as the “emergence of British medicine as a political interest”. Arguably, this emergence occurred fifty years earlier when concerns around the quality and training of medical graduates and attempts to reduce burgeoning competition – widely prevalent preoccupations at the time, which Haynes fails to address – led to the “age of medical reform”. Similarly, his dismissal of the introduction of language tests for overseas graduates in the 1960s as “a surrogate for race” would be more persuasive if contemporaneous concerns regarding doctors' communication skills were more extensively explored.

In the final chapter, *Fit to Practice* comes alive with a few quotes taken from letters to medical journals written by overseas doctors regarding the difficulties they had faced. More of these might have rendered this a less academically rigorous, though livelier, work.

Martin Edwards
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